



your guide

to succeed in Saudi License Exam

3rd edition

S.L.E

VISIT...

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Praise be to Allah who helped us complete this note in its third edition.

I would like to express my special thanks of gratitude to those who helped us in the first and second edition.



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Cardiology



1. Old patient presented with abdominal pain, back pain, pulsatile abdomen, what is the step to confirm diagnosis?

- a) Abdominal US
- b) **Abdominal CT**
- c) Abdominal MRI

The only advantage of CT scan: its can detect rupture but U/S cannot detect it..

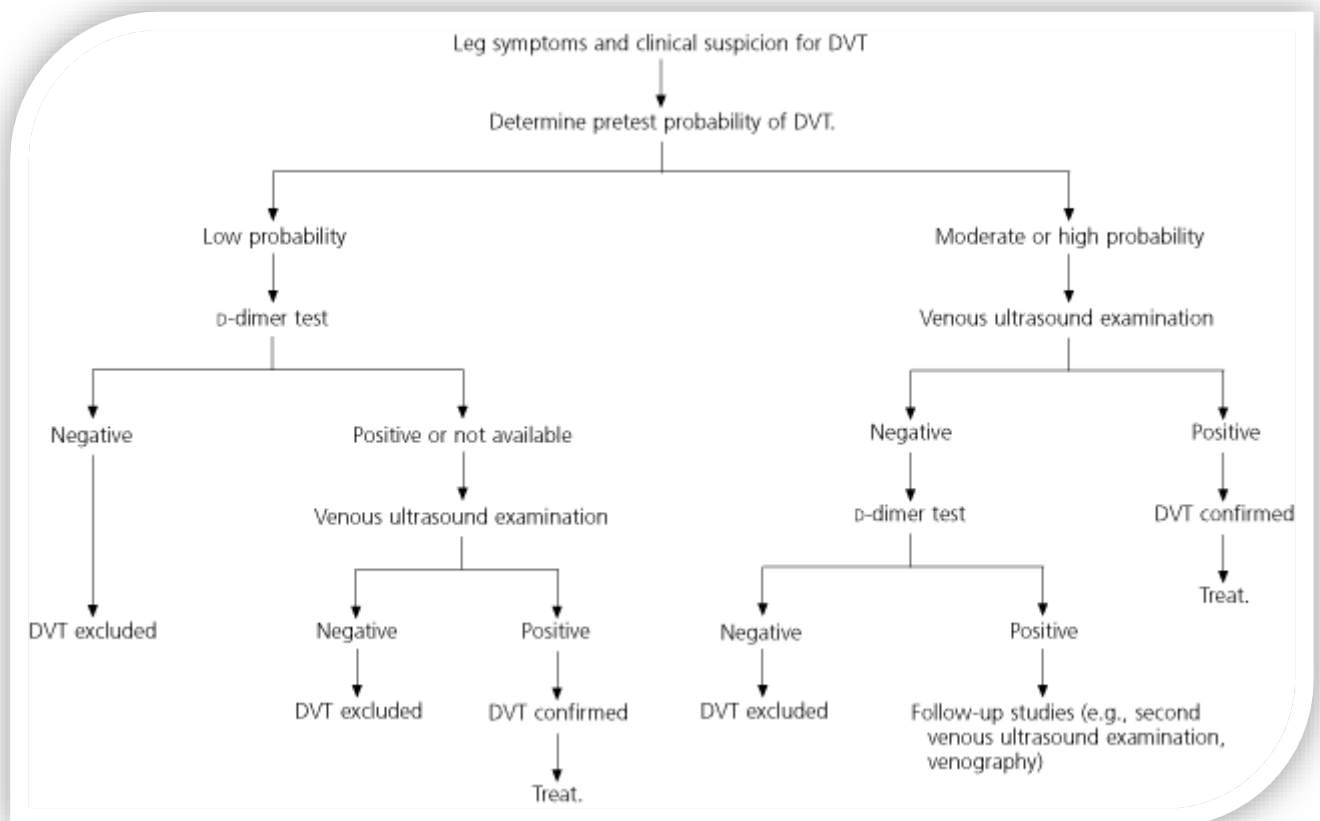
Also, U/S the ability to image the aorta is reduced in the presence of bowel gas or obesity..

That why we do CT scan to confirm AAA rupture like this case because CT scanning permits visualization of the retroperitoneum, is not limited by obesity or bowel gas, detects leakage..

The Major disadvantages of CT scanning include technician availability, cost, longer study time, exposure to radiation and contrast, and the need to send patients with possible rupture out of the emergency department for an extended time.

2. How to diagnose DVT:

- a) Contrast venography
- b) **Duplex US**



Ultrasonography is the current first-line imaging examination for deep venous thrombosis (DVT) because of its relative ease of use, absence of irradiation or contrast material, and high sensitivity and specificity in institutions with experienced sonographers.

Until the 1980s, venography was the criterion standard examination for DVT. This procedure is now uncommonly performed because of the patient's discomfort from needle puncture, the potential for infiltration of contrast agent at the injection site or allergy to the agent, and the cost in time and infrastructure necessary to perform the examination. The development of highly sensitive, noninvasive ultrasonography and impedance plethysmography protocols for DVT has relegated the use of venography to specific indications.

3. Drug that will delay need of surgery in Aortic regurgitation:

- a) Digoxin
- b) Verapamil
- c) **Nifedipine**
- d) Enalapril

- ☐ Nifedipine is the best evidence-based treatment in this indication. ACE inhibitors are particularly useful for hypertensive patients with AR. beta-Adrenoceptor antagonists (beta-blockers) may be indicated to slow the rate of aortic dilatation and delay the need for surgery in patients with AR associated with aortic root disease. Furthermore, they may improve cardiac performance by reducing cardiac volume and LV mass in patients with impaired LV function after AVR for AR.

4. Secondary prevention is:

- a) **Detection of asymptomatic diabetic patient**

Primary prevention include passive and active immunization against disease as well as health protecting education ..

Secondary prevention measures as those that identify and treat asymptomatic persons who have already developed risk factors or preclinical disease but in whom the condition is not clinically apparent.

Tertiary prevention activities involve the care of established disease, with attempts made to restore to highest function, minimize the negative effects of disease, and prevent disease-related complications.

5. Anticoagulation prescribe for

- a) one month
- b) **6 months**
- c) 6 weeks
- d) one year

They must write what indication of anticoagulation !

Lets take examples :

- 6 weeks for isolated calf vein DVT ..

- 3 months for venous thromboembolism provoked by surgery or other transient risk factor (e.g. COP use, pregnancy and plaster cast) ..

- at least 3 months for unprovoked proximal DVT or PE and long-term anticoagulation may be required ..

- 6 months if have no risk factors and have Spontaneous VTE ..

- long-term for Atrial fibrillation, Mechanical prosthetic heart valve and Cardiomyopathy ..

- 3 months for Mural thrombus post MI ..

6. Patient with left bundle branch block will go for dental procedure , regarding endocarditis prophylaxis:

- a) **No need**
- b) Before procedure
- c) After the procedure

Recommendations for management of endocarditis prophylaxis have changed dramatically with publication of new AHA guidelines..

In general, the new AHA guidelines advocate less use of antibiotic prophylaxis because the lack of evidence of benefit in humans and the fact that transient bacteremia occur frequently and there is no evidence that dental and other procedures increase rates of bacteremia more than activities of daily living alone ..

The AHA guidelines state that only patients at highest risk for endocarditis should receive antibiotic prophylaxis ..

High-risk cardiac conditions :

1- Prosthetic cardiac valve ..

2- Previous infective endocarditis ..

3- Congenital heart disease such as:

- unrepaired cyanotic CHD: including palliative shunts and conduits ..

- repaired CHD with prosthetic device during the prior 6 months ..

- repaired CHD with residual defects at or near the site of prosthetic material ..

4- Cardiac transplantation recipients who develop valvulopathy ..

Procedures requiring prophylaxis :

A- Oral/Upper respiratory tract:

1- for any manipulation of gingival tissue.

2- peripheral region of teeth.

3- perforation of oral mucosa.

4- invasive respiratory procedures involving incision or biopsy of respiratory mucosa ..

B- Skin: Incision and drainage of infected tissue ..

C- Cardiac valvular surgery or placement of prosthetic intracardiac/intravascular materials ..

Antibacterial prophylaxis is not recommended for prevention of endocarditis in patients undergoing procedures of :

1- upper & lower respiratory tract (including ear, nose, throat procedures & bronchoscopy).

2- Genito-urinary tract (including urological, gynecological and obstetric procedures).

3- upper & lower gastro-intestinal tract.

7. When to give aspirin and clopidogrel?

- a) Patient with history of previous MI
- b) **Acute MI**
- c) History of previous ischemic stroke
- d) History of peripheral artery disease
- e) after cardiac capt

Clopidogrel used as a combination with aspirin in :

1- acute coronary syndrome without ST-segment elevation (Duration: its benefit in first 3 months and you can give him up to 12 months) ..

2- acute myocardial infarction with ST-segment elevation (Duration: at least 4 weeks) ..

3- patient undergoing percutaneous coronary intervention ..

4- prevention atherothrombotic & thromboembolic events in patients with atrial fibrillation ..

8. In patients with hypertension and diabetes, which antihypertensive agent you want to add first?

- a) β -blockers
- b) **ACE inhibitor**
- c) α -blocker
- d) Calcium channel blocker

Diabetes is highly prevalent in hypertensive patients and increases the risk for complications of both diseases ..

The goal of appropriate treatment is to minimize the effects of these disorders on cardiovascular and renal systems ..

Multiple studies have demonstrated that blood pressure lowering using either ACE inhibitor or ARB slow the progression of both type 1 & 2 diabetic renal disease ..

ACE inhibitor also used in hypertensive patient with heart failure, chronic kidney disease ..

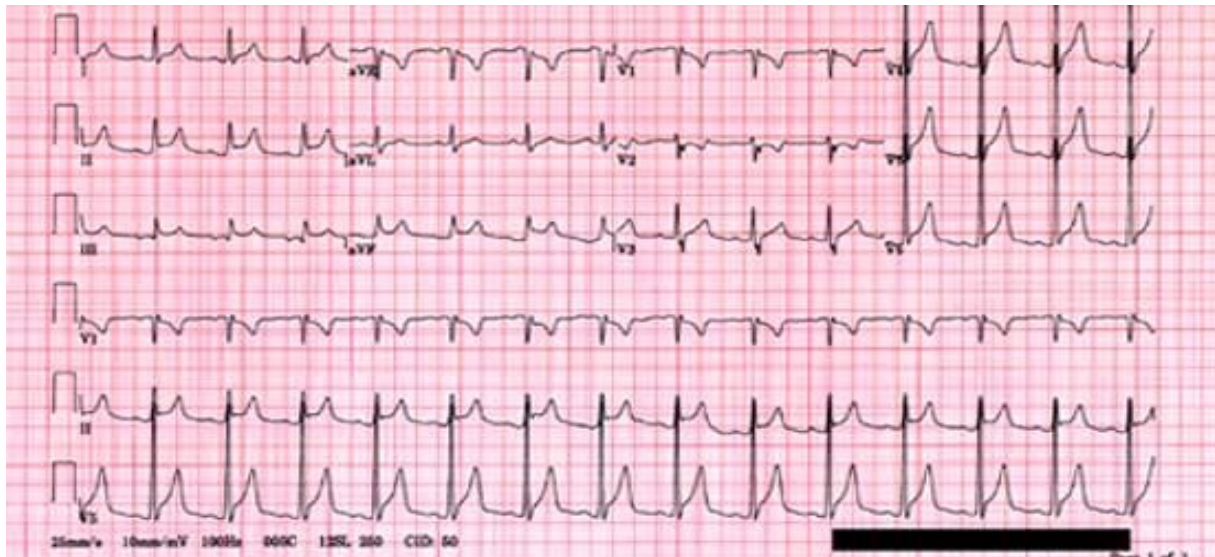
Also, used with thiazide-type diuretics in hypertensive patient following M.I. and stroke ..

Calcium channel blocker & beta blocker used in hypertensive patient with coronary disease & heart failure ..

Alpha blocker used in hypertensive patient with benign prostatic hypertrophy ..

9. ECG finding of acute pericarditis?

- a) ST segment elevation in all leads
- b) **Low-voltage, diffuse ST-segment elevation.**



Stages of acute pericarditis on ECG :

A- Stage I (occurs within hours of onset of chest pain and may persist for days):

- 1- diffuse (widespread) concave-upward ST-segment elevation in all leads except aVR and V1 where become depression ..
- 2- ST-segment depression in aVR or V1 ..
- 3- concordance of T waves (T-wave upright in the leads with ST-elevation) ..
- 4- PR-segment depression ..
- 5- low voltage ..

B- Stage II (hours to days following stage one):

- 1- ST-segments return to baseline (normalization of ST & PR segments) ..
- 2- T-wave flattening ..

C- Stage III (its may persist indefinitely especially when associated with TB, uremia or neoplasm):

- 1- T-wave inversion ..

D- Stage IV (usually completed within 2 weeks but variability common):

- 1- Gradual resolution of T-wave inversion and become ECG normalizes ..

10. 59 years old presented with new onset supra ventricular tachycardia with palpitation, no history of SOB or chest pain, chest examination normal ,oxygen saturation in room air = 98%, no peripheral edema Others normal, the best initial investigation:

- a) ECG stress test
- b) Pulmonary arteriography
- c) CT scan
- d) **TSH**

11. The mechanism of action of Aspirin:

- a) **Inhibit cyclooxygenase**
- b) Inhibit phospholipase A2
- c) Inhibit phospholipid D

12. A known case of treated Hodgkin lymphoma (mediastinal mass) with radiotherapy Not on regular follow up presented with gradual painless difficulty in swallowing and SOB , There is facial swelling and redness Dx

- a) **SVC obstruction**
- b) IVC obstruction
- c) Thoracic aortic aneurysm
- d) Abdominal aortic aneurism

SVC Obstruction is emergency presentation of Hodgkin's Lymphoma ..

Its presents with increase JVP, sensation of fullness in the head, dyspnea, blackouts and facial edema ..

13. known case of chronic atrial fibrillation on the warfarin 5 mg came for follow up you find INR 7 but no signs of bleeding you advice is:

- a) Decrease dose to 2.5 mg
- b) **Stop the dose & repeat INR next day**
- c) Stop warfarin
- d) Continue same and repeat INR

INR	ACTION
>10	Stop warfarin. Contact patient for examination. MONITOR INR
7-10	Stop warfarin for 2 days; decrease weekly dosage by 25% or by 1 mg/d for next week (7 mg total)
4.5-7	Decrease weekly dosage by 15% or by 1 mg/d for 5 days of next week (5 mg total)repeat monitor INR
3-4.5	Decrease weekly dosage by 10% or by 1 mg/d for 3 days of next week (3 mg total); repeat monitor INR
2-3	No change.
1.5-2	Increase weekly dosage by 10% or by 1 mg/d for 3 days of next week (3 mg total);
<1.5	Increase weekly dose by 15% or by 1 mg/d for 5 days of next week (5 mg total);

14. Patient is a known case of CAD the best exercise:

- a) **Isotonic exercise**
- b) Isometric exercise
- c) Anaerobic exercise
- d) Yoga

Classification of Exercise according to metabolism:

1- Aerobic exercise.

2- Anaerobic exercise.

Another Classification of Exercise according to contraction of muscles and movements:

1- Dynamic (isotonic) exercise.

2- Static (isometric) exercise.

3- Resistive (a combination of isometric and isotonic).

All types of exercise started as an aerobic exercise and if it continue hardly then its convert to anaerobic exercise..

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isotonic exercise defined as muscular contraction resulting in movement (e.g. walking, running and such sports as golf, tennis, swimming, soccer, baseball .. etc.) ..

Isotonic exercise is often called "cardio" because its tend to raise the heart rate more than it the blood pressure ..

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isometric exercise Opposite to isotonic exercise ! its defined as muscular contraction without movement (e.g. handgrip, leg extension, and weight lifting) ..

isometric exercise raises blood pressure more than raises the heart rate ..

isometric exercise raises heart rate, raises systemic vascular resistance, and lowers stroke volume and cardiac output more than dynamic exercise does ..

So, in CAD isometric exercise is contraindication because the myocardial oxygen demand become increase and the coronary artery is narrow and with vasoconstriction become ischemic very rapidly and patient die ..

15. Complication of Sleep apnea is :

a) **CHF**

Complications of OSA:

1- Excessive daytime sleepiness may cause accidents in the home, at work and whilst driving.

2- Irritability, depression and other psychological consequences may ensue.

3- Cardiovascular complications include hypertension, coronary artery disease, congestive cardiac failure.

4- OSA has also been identified as an independent risk factor for stroke and all-cause mortality.

5- There is an increased risk of cor pulmonale and type 2 respiratory failure.

6- There is an increased risk of metabolic disturbances, such as insulin resistance in patients with OSA.

16. Which is not found in coarctation of the aorta:

- a) upper limb hypertension
- b) diastolic murmur heard all over precordium
- c) skeletal deformity on chest x-ray

Coarctation of aorta have :

1- Elevated systolic blood pressure in upper extremities (mostly in right arm) and normal or diminish systolic blood pressure in lower extremities ..

2- left ventricular hypertrophy, LV prominence, "3" sign, rib notching on chest radiograph ..

3- The coarctation itself may result in systolic ejection murmurs at the base, often heard posteriorly.

There may be an associated aortic regurgitation or stenosis murmur due to the bicuspid aortic valve.

diastolic murmur heard all over precordium in PDA ..

17. Which of the following medication if taken need to take the patient immediately to the hospital:

- a) Penicillin
- b) Diphenhydramine
- c) OCPs
- d) Quinine or quinidine

☐ Quinidine is antiarrhythmic medication.

18. What is true about alpha blocker:

- a) Causes hypertension.
- b) Worsen benign prostatic hyperplasia.
- c) Cause tachycardia

☐ alpha blocker: cause orthostatic hypotension and tachycardia

19. Which of the following drugs increase the survival in a patient with heart failure :

- a) Beta blocker.
- b) ACE inhibitors
- c) Digoxin
- d) Nitrites.

ACE inhibitors increase survival..

Digoxin improves symptoms of heart failure and exercise tolerance and reduce hospitalization but it does not reduce mortality ..

20. Elderly patient presented by SOB, rales in auscultation, high JVP, +2 lower limb edema ,what is the main pathophysiology?

- a) Left ventricular dilatation.
- b) Right ventricular dilatation.
- c) Aortic regurgitation.
- d) Tricuspid regurgitation.

☐ Difficult question. Here we have both symptoms of Left ventricular failure (SOB, Rales) & right ventricular failure (High JVP & LL edema). So, more commonly left ventricular failure leads to right ventricular failure due to overload and not vice versa. So the most correct is Left ventricular dilatation

21. 60 years old patient presented by recurrent venous thrombosis including superior venous thrombosis , this patient most likely has:

- a) SLE
- b) Nephrotic syndrome
- c) Blood group O
- d) Antiphospholipid syndrome

Antiphospholipid antibody syndrome is autoantibody-mediated thrombophilic disorder characterized by recurrent arterial or venous thrombosis ..

Its can primary alone without associated underlying disease or its can be secondary associated with autoimmune diseases like SLE ..

One of risk factors is Age (in males > 55 , in female > 65) ..

IV drug abuser was presented by fever, arthralgia and conjunctival hemorrhage, what is the diagnosis?

- a) Bacterial endocarditis

Which the following is the commonest complication of patient with chronic atrial fibrillation?

- a) Sudden death
- b) Cerebrovascular accidents “due to multiple atrial thrombi”

24. Which of the following is the recommended diet to prevent IHD?

- a) Decrease the intake of meat and dairy
- b) Decrease the meat and bread
- c) Increase the intake of fruit and vegetables

25. Arterial injury is characterized by

- a) Dark in color and steady
- b) Dark in color and spurting
- c) Bright red and steady
- d) Bright red and spurting

Types of Bleeding

There are three types of bleeding, depending on the type of vessel that is injured. The type of bleeding can usually be identified by how the blood flows. There are three types:

1- Arterial:

Spurting: Arteries transport blood under high pressure. Bleeding from an artery is bright red blood that spurts with every heartbeat.

2- Venous:

Steady flow: Veins carry blood under low pressure. Bleeding from a vein is a steady flow of darker blood.

3- Capillary:

Oozing: Capillaries also carry blood under low pressure. Bleeding from capillaries oozes.

26. Patient has fatigue while walking last night. He is on Atorvastatin for 8 months, Ciprofloxacin, Diltiazem and alphaco, the cause of this fatigue is:

- a) **Diltiazem and Atrovastatin**
- b) Atorvastatin and Ciprofloxacin
- c) Atorvastatin and Alphaco

Diltiazem increases plasma concentration of atorvastatin and possible increased risk of myopathy ..

Atorvastatin is interact with Diltiazem and may cause rhabdomyolysis ..

27. Obese lady with essential hypertension, lab work showed high NA, high K, what is the reason of hypertension?

- a) Obesity
- b) **High Na intake**
- c) High K intake

28. All of the following are risk factors for heart disease except:

- a) **High HDL**
- b) Male
- c) Obesity

Take in you mind the HDL lowering LDL & when HDL become high that's good to clear LDL ...

29. True about systolic hypertension

- a) could be caused by mitral regurge
- b) More serious than diastolic hypertension
- c) **Systolic > 140 and diastolic < 90**

30. Patient with continuous Murmur:

- a) **PDA**
- b) Coarctation of Aorta

Continuous machine-like heart murmur found in Patent Ductus Arteriosus ..

31. Patient has high Blood Pressure on multiple visits, so he was diagnosed with hypertension, what is the Pathophysiology?

- a) **Increase peripheral resistance**

- b) increased salt and water retention

32. Prophylaxis of arrhythmia post MI:

- a) Quinidine
- b) Quinine
- c) **Lidocaine**
- d) procinamide

Quinidine is alternative but no longer used because toxic effect ..

Lidocaine is especially useful when symptomatic PVCs is associated with a prolonged QT interval, as it does not lengthen the QT interval as other antiarrhythmic agents do.

Lidocaine is the drug of choice in the setting of PVCs in the peri-MI period if the patient is symptomatic ..

First-line therapy for PVCs without hemodynamic significance in patients post-MI is beta-blocker ..

33. Best single way to reduce high blood pressure is :

- a) Smoke cessation
- b) Decrease lipid level
- c) **Reduce weight**

34. Drug of choice for supraventricular tachycardia is :

- a) **Adenosine**

35. Which of the following pulse character goes with disease?

- a) **Collapsing pulse → severe anemia**
- b) Pulsus alternans → premature ventricle complex
- c) Slow rising pulse → Mitral stenosis
- d) Pulsus bisferens → Mitral regurgitation
- e) Pulsus paradoxus → aortic stenosis

Pulse	Definition	Causes
Watson's water hammer pulse, Corrigan's pulse and Collapsing pulse	a pulse that is bounding and forceful, its rapidly increasing and subsequently collapsing, as if it were the hitting of a water hammer that was causing the pulse.	A. Physiological: 1- Fever. 2- Pregnancy. B. Cardiac lesions: 1- Aortic regurgitation. 2- Patent ductus arteriosus. 3- Systolic hypertension. 4- Bradycardia. 5- Aortopulmonary window. 6- Rupture of sinus of Valsalva into heart chambers. C. Syndromes or High output states: 1- Anemia. 2- Cor pulmonale. 3- Cirrhosis of liver. 4- Beriberi. 5- Thyrotoxicosis.

		6- Arteriovenous fistula. 7- Paget's disease. D. Other causes: 1- Chronic alcoholism.
Pulsus alternans	Alternating weak and strong pulse	Left ventricle dysfunction
Pulsus paradoxus	Fall in systolic pressure more than 10 during inspiration	# Pulsus paradoxus can be caused by several physiologic mechanisms. Anatomically, these can be grouped into: 1- cardiac causes. 2- pulmonary causes. 3- non-pulmonary and non-cardiac causes. # Considered physiologically, PP is caused by: 1- decreased right heart functional reserve, e.g. myocardial infarction and tamponade. 2- right ventricular inflow or outflow obstruction, e.g. superior vena cava obstruction and pulmonary embolism. 3- decreased blood to the left heart due to lung hyperinflation (e.g. asthma, COPD) and anaphylactic shock. # List of causes: A- Cardiac: 1- constrictive pericarditis. 2- pericardial effusion, including cardiac tamponade. 3- cardiogenic shock. B- Pulmonary: 1- pulmonary embolism. 2- tension pneumothorax. 3- asthma. 4- COPD. C- Non-pulmonary and non-cardiac: 1- anaphylactic shock. 2- superior vena cava obstruction. 3- pregnancy. 4- obesity.
slow-rising pulse	Have another name: pulsus tardus et parvus, pulsus parvus et tardus and anacrotic pulse. pulsus tardus should be differentiated from pulsus parvus .. pulsus parvus is a low volume pulse with normal character but pulsus tardus is low volume pulse with abnormal character ..	Aortic stenosis
Pulsus bisferiens	characterized by two strong systolic peaks separated by a midsystolic dip	Aortic regurg & aortic stenosis

36. An old patient presents with history dizziness & falling down 1 day ago accompanied by history of Epigastric discomfort. He has very high tachycardia “around 130-140” and BP 100/60. What is the diagnosis?

- a) Peptic ulcer
- b) GERD
- c) Leaking aortic aneurysm

37. Patient with orthostatic hypotension. What's the mechanism:

- a) **Decrease intravascular volume**
- b) Decrease intracellular volume
- c) Decrease interstitial volume

38. Which of the following antihypertensive is contraindicated for an uncontrolled diabetic patient?

- a) Hydrochlorothiazide
- b) Losartan
- c) hydralazine
- d) **spironolactone**

Spironolactone with uncontrolled diabetic its can be Severely Potential Hazard :

because Spironolactone cause hyperkalemia, which may result in life-threatening cardiac arrhythmias. Patients with diabetes mellitus, with or without nephropathy, may be particularly susceptible to the hyperkalemic effect of these drugs due to a defect in the renin-angiotensin-aldosterone axis.

Therapy with potassium-sparing diuretics should be avoided, if possible, in patients with diabetes, especially uncontrolled or insulin-dependent diabetes mellitus.

If these drugs are used, serum potassium levels and renal function should be monitored at regular intervals.

Determination of serum electrolytes is especially important during initiation of therapy, after a dosage adjustment, and during illness that could alter renal function.

Hydrochlorothiazide with diabetic its can be Moderately Potential Hazard :

because Thiazide diuretics may cause hyperglycemia and glycosuria in patients with diabetes.

They may also precipitate diabetes in prediabetic patients.

But These effects are usually "reversible" following discontinuation of the drugs.

Therapy with thiazide diuretics should be administered cautiously in patients with diabetes mellitus, glucose intolerance, or a predisposition to hyperglycemia.

Patients with diabetes mellitus should be monitored more closely during thiazide therapy, and their antidiabetic regimen adjusted accordingly.

Conclusion :

The danger complication is hyperkalemia rather than hyperglycemia itself , because electrolytes disturbance can be dangerous especially K^+ when it increase by complication of diabetic ! its very dangerous to give him Spironolactone and K^+ become more higher ..

39. 69 years old non diabetic with mild hypertension and no history of Coronary heart disease, the best drug in treatment is:

- a) **Thiazide**
- b) ACEI

- c) ARB
- d) CCB

40. Which of the following decrease mortality after MI?

- a) **Metoprolol**
- b) Nitroglycerine
- c) Thiazide
- d) Morphine

Several studies have shown that some beta-blocker can reduce recurrence rate of M.I. ..

Atenolol & Metoprolol may reduce early mortality after I.V. and subsequent oral administration in acute phase ..

Acebutolol, Metoprolol, Propranolol and Timolol have protective value when started in early convalescent phase ..

Sudden cessation of a beta-blocker can cause a rebound worsening of myocardial ischemia ..

41. Case of sudden death in athlete is:

- a) **Hypertrophicobstructive cardiomyopathy (HOCM)**

42. Male patient with HTN on medication, well controlled, the patient is using garlic water and he is convinced that it is the reason for BP control, what you'll do as his physician:

- a) **Tell him to continue using it**
- b) To stop the medication and continue using it
- c) Tell him that he is ignorant
- d) To stop using garlic water

43. Patient with rheumatic fever after untreated strep infection after many years presented with Mitral regurge, the cause of massive regurge is dilatation of:

- a) Right atrium
- b) Right ventricle
- c) Left atrium
- d) **Left ventricle**

44. Regarding MI all true except:

- a) Unstable angina, longer duration of pain and can occur even at rest.
- b) Stable angina, shorter duration and occur with exertion
- c) **There should be Q wave in MI**
- d) Even if there is very painful unstable angina the cardiac enzymes will be normal

45. Asystole in adult

- a) **Adrenalin**
- b) Atropine

Adrenaline is the first-line drug for asystole.

46. After doing CPR on child and the showing asystole:

- a) Atropine
- b) **Adrenaline**
- c) Lidocaine

Adrenaline is the first-line drug for asystole.

47. Classic Scenario of stroke on diabetic and hypertensive patient. What is the pathophysiology of stroke:

- a) Atherosclerosis
- b) Aneurism

48. Middle aged patient with an a cyanotic congenital heart disease the X-ray show ventricle enlargement and pulmonary hypertension

- a) VSD
- b) ASD
- c) Truncus arteriosus
- d) Pulmonary stenosis

49. Middle age a cyanotic male with CXR showing increase lung marking & enlarged pulmonary artery shadow, what is the most likely diagnosis?

- a) VSD
- b) Aorta Coarctation
- c) Pulmonary stenosis
- d) ASD
- e) Truncus arteriosus

50. Most common cause of secondary hypertension in female adolescent is:

- a) Cushing syndrome
- b) Hyperthyroidism
- c) Renal disease
- d) Essential HTN
- e) Polycystic ovary disease

51. Most common cause of intra cerebral hemorrhage:

- a) Ruptured aneurysm
- b) Hypertension
- c) Trauma

52. Medical student had RTA systolic pressure is 70 mmhg, what you will do next in management:

- a) IV fluid therapy
- b) ECG
- c) Abdominal U/S

53. 25y female with bradycardia and palpitation. ECG normal except HR130 and apical pulse is 210 .past history of full ttt ovarian teratoma, so your advice is

- a) Struma ovarii should be consider
- b) Vagal stimulate should be done
- c) Referred to cardiology

54. 55 years old complain of dyspnea, PND with past history of mitral valve disease diagnosis is

- a) Left side heart failiure
- b) Right side heart failiure
- c) pnemothrax
- d) PE

☐ The symptoms suggestive of left side HF

55. What is the first sign of Left Side Heart Failure?

- a) Orthopnea
- b) **Dyspnea on exertion**
- c) Pedal edema
- d) PND
- e) Chest pain

☐ Fluid build up in the lungs is the first sign of LSHF

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56. Middle aged male s involved in RTA, his RR is 30/min, heart sounds is muffled& the JVP is elevated, BP: 80/40 & a bruise over the sternum, what is the diagnosis?

- a) **pericardial tamponade**
- b) Pneumothorax
- c) pulmonary contusion
- d) Hemothorax

Signs of classical cardiac tamponade include three signs, known as Beck's triad:

1- Hypotension occurs because of decreased stroke volume.

2- Jugular-venous distension due to impaired venous return to the heart.

3- Muffled heart sounds due to fluid inside the pericardium.

57. Oral anticoagulants :

- a) can be given to pregnant during 1st trimester
- b) Can be reversed within 6 hours
- c) Are enhanced by barbiturates
- d) Cannot cross blood brain barrier
- e) **None of the above**

☐ Oral anticoagulants classified by the United States Food and Drug Administration (FDA) as pregnancy category X which is contraindication , it crosses placenta as well as blood brain barrier, it is usually difficult to reverse warfarin within short time because it has long half life and it works on vit-K factors which takes time to reverse , barbiturates interaction with warfarin

58. The following are features of rheumatic heart disease except:

- a) Restless involuntary abnormal movement
- b) Rashes over trunk and extremities
- c) **Short P-R interval on ECG**
- d) Migratory arthritis

Restless involuntary abnormal movement mean Sydenham's chorea ..

Rashes over trunk and extremities mean Erythema marginatum ..

Migratory arthritis its from major criteria ..

But P-R interval became prolonged not short if heart become blocked (if AV nodal blocked) and thats from minor criteria ..

- The Jones criteria require the presence of 2 major or 1 major and 2 minor criteria for the diagnosis of rheumatic fever.
- **The major diagnostic criteria** include carditis, polyarthritis, chorea, subcutaneous nodules, and erythema marginatum.
- **The minor diagnostic criteria** include fever, arthralgia, prolonged PR interval on the ECG, elevated acute phase reactants “ESR”, presence of C-reactive protein, and leukocytosis.
- **Additional evidence** of previous group A streptococcal pharyngitis is required to diagnose rheumatic fever. One of the following must be present:
 - Positive throat culture or rapid streptococcal antigen test
 - Elevated or rising streptococcal antibody titer
 - History of previous rheumatic fever or rheumatic heart disease

59. Premature ventricular contracture (PVC), all are true except:-

- a) Use antiarrhythmic post MI improve prognosis “this is not totally true, as class 1 increase mortality”
- b) Use of antiarrhythmic type 1 increase mortality

The relationship between PVCs following M.I. and sudden death has been studied extensively ..

In general, the presence of PVCs after M.I. is associated with increased risk of sudden death when the frequency of PVCs exceeds 10 per hours ..

Despite the risk associated with postinfarct ectopy, the routine use of antiarrhythmic agents in acute or more remote postinfarct period does not convey benefit, and in some cases increases risk ..

Thus, the routine prophylactic use of antiarrhythmics following M.I. is not recommended unless they are associated with hemodynamic compromise ..

If frequent and persistence ventricular ectopy results in hemodynamic instability, a beta-blocker or amiodarone is the preferred agent ..

Lidocaine may be considered temporarily when hemodynamically significant ventricular arrhythmias occur in setting of acute M.I. ..

The use of amiodarone in patients during and following an acute M.I. has increased but is still controversial ..

In this acute setting, prospective randomized trials have shown amiodarone use for treatment of hemodynamically significant ventricular arrhythmias or other arrhythmias such as atrial fibrillation, appear to be safe but its doesnot confer survival benefit ..

60. One of the following is NOT useful in patient with atrial fibrillation and Stroke:

- a) **Aspirin and AF**
- b) Warfarin and AF
- c) Valvular heart disease can lead to CVA in young patient
- d) AF in elderly is predisposing factor

Aspirin is less effective than warfarin at preventing emboli, but may be appropriate if there are no other risk factors for stroke, or if warfarin is contraindicated but if ischemic stroke occur, then warfarin & thrombolytic should be used quickly ..

61. Shoulder pain most commonly due to:

- a) Infraspinatus muscle injury
- b) Referred pain due to cardiac ischemia
- c) In acute cholecystitis

Muscles comprising rotator cuff :

- 1- Supraspinatus muscle ..
- 2- Infraspinatus muscle ..
- 3- Teres minor muscle ..
- 4- Subscapularis muscle ..

The Age is reflect the cause of shoulder pain :

1- shoulder instability (subluxation, dislocation, multidirectional instability) is most common cause of shoulder pain in young athlete (< 30 years old).

2- Rotator cuff disorders are the most common cause of shoulder pain in patients > 30 years old and that commonly occur from repetitive overhead activity..

The severity of RTC disorder also increases with age and that can progress through 3 stages :

- a- Stage I: Tendinopathy: 30-50 years old ..
- b- Stage II: Partial RTC tear: 40-60 years old ..
- c- Stage III: Full-thickness tear: > 60 years old ..

3- Osteoarthritis of glenohumeral joint more likely in older patients > 60 years old ..

4- Trauma in a young person < 40 years old more commonly associated with dislocation/subluxation, but trauma in person > 40 years old more commonly associated with RTC tear ..

5- Also take it in your mind another causes may occur like :

- A- Rheumatologic (Rheumatoid arthritis, polymyalgia rheumatica, fibromyalgia) ..
B- Referred pain (from neck or gallbladder to right shoulder and M.I. to left shoulder) ..

62. Cause of syncope in aortic stenosis

a) Systemic hypotension

Syncope results from inadequate cerebral perfusion ..

Syncope occurring on effort due to systemic vasodilation (total peripheral resistance decrease) in presence of fixed or inadequate cardiac output (cardiac output cannot increase due to narrow aortic valve which restricted output) ! This imbalance causes a drop in blood pressure leading to syncope ..

Another theory said: thats from very high left ventricular pressure that develop during exercise triggers a reflexive vasodepressor response leading to fall in blood pressure ..

Syncope at rest is usually due to a transient tachyarrhythmia from which patient recover spontaneously..

Other possible causes of syncope include transient atrial fibrillation or transient AV block ..

63. ECG stress test is indicated in the following except:

- a) Routine (yearly) test in asymptomatic patients
- b) In high risk jobs
- c) 40 year old patient before starting exercise program

Stress cardiac imaging is not recommended for asymptomatic, low-risk patients as part of their routine care.

Some estimates show that such screening accounts for 45% of cardiac stress imaging, and evidence does not show that this results in better outcomes for patients.

Unless high-risk markers are present, such as diabetes in patients aged over 40, peripheral arterial disease; or a risk of coronary heart disease greater than 2 percent yearly, most health societies do not recommend the test as a routine procedure.

☐ Indications of stress test are:-

- 1) Diagnosis of CAD in patients with chest pain that is atypical for myocardial ischemia.
- 2) Assessment of functional capacity and prognosis of patients with known CAD.
- 3) Assessment of prognosis and functional capacity of patients with CAD soon after an uncomplicated myocardial infarction (before hospital discharge or early after discharge.
- 4) Evaluation of patients with symptoms consistent with recurrent, exercise-induced cardiac arrhythmia.
- 5) Assessment of functional capacity of selected patients with congenital or valvular heart disease.
- 6) Evaluation of patients with rate-responsive pacemakers.
- 7) Evaluation of asymptomatic men > 40 years with special occupations (airline pilots, bus drivers, etc)
- 8) Evaluation of asymptomatic individuals > 40 years with two or more risk factors for CAD.
- 9) Evaluation of sedentary individuals (men 45 years and women 55 years) with two or more risk factors who plan to enter a vigorous exercise program.
- 10) Assessment of functional capacity and response to therapy in patients with IHD or heart failure.
- 11) Monitoring progress and safety in conjunction with rehabilitation after a cardiac event or surgical procedure.

64. Most serious symptom of CO poisoning is:

- a) Hypotension
- b) Arrhythmia
- c) Cyanosis
- d) Seizure

Table 1

Clinical signs and symptoms associated with carbon monoxide poisoning

Severity	Signs and symptoms
Mild	Headache Nausea Vomiting Dizziness Blurred vision
Moderate	Confusion Syncope Chest pain Dyspnea Weakness Tachycardia Tachypnea Rhabdomyolysis
Severe	Palpitations Dysrhythmias Hypotension Myocardial ischemia Cardiac arrest Respiratory arrest Noncardiogenic pulmonary edema Seizures Coma

Seizures are generally regarded as a manifestation of extreme, generally near-fatal carbon monoxide poisoning.

The delayed development of neuropsychiatric impairment is one of the most serious complications of carbon monoxide poisoning which is seizures one of them ..

seizures can be difficult to find the cause which may become more toxic from CO before you detect the cause of that seizure ..

also, arrhythmia is dangerous to occur but it's not that serious as seizure in CO poisoning ! the cause of death in CO poisoning from brain & myocardial damage not as arrhythmia itself ..

65. 35 years old male has SOB, orthopnea, PND, Nocturia and lower limb edema. What's the most common cause of this condition in this patient:

- a) Valvular heart disease
- b) UTI
- c) **Coronary artery disease**
- d) Chronic HTN

Hypertension (untreated or inadequately treated hypertension is the second most common cause of Congestive heart failure in the U.S.) after Ischemic heart disease ..

66. 5 days after MI, the patient developed SOB and crackles in both lungs. Most likely cause is:

- a) Pulmonary embolism
- b) **Acute mitral regurgitation**

Acute mitral regurgitation can occur prior M.I. ..

Acute MR have (briefly) :

1- Sudden onset of dyspnea ..

2- Systolic murmur ..

3- Rales ..

67. 70 years old male came with history of leg pain after walking, improved after resting, he noticed loss of hair in the shaft of his leg and became shiny;

- a) **Chronic limb ischemia**
- b) DVT

Chronic Lower Limb Ischemia is peripheral arterial disease affects at least 20% of individuals older than 70 years ..

Chronic Lower Limb Ischemia have :

1- Intermittent Claudication :

Pain in muscles of lower extremity especially in calf muscles associated with walking and relieved completely by rest after 2-5 minutes of inactivity ..

Claudication is distinguished from other types of pain in extremities in that it does not occur at rest and some period of exertion is always required before it appears ..

Relieved by cessation of walking and that's not dependent upon sitting or other positional change ..

2- Could become Acute lower limb ischemia which pain becomes at rest and/or ulceration ..

3- Non-healing wounds or ulcers especially in feet due to arterial insufficiency ..

4- Erectile dysfunction ..

5- patient may report numbness in extremity but if decrease sensation then we suspect peripheral neuropathy ..

6- decrease pulses and that depending where localize disease is ! for example, absent femoral pulse usually signifies aortoiliac disease ..

7- Bruits & Thrills heard over stenosis peripheral artery until become completely obstructed ..

8- Integumentary Changes :

Its commonly produces loss of hair over dorsum of the toes & foot and may be associated with thickening of toe nail (onychomycosis) due to slowed keratin turnover ..

If ischemia become more advance you will see atrophy of skin & subcutaneous tissue so that foot becomes shiny, scaly and skeletonized ..

9- Pallor of foot on elevation of extremity with complete absence of capillary refill indicates advanced ischemia ..

10- When pallor is produced with elevation, the ischemia results in maximum cutaneous vasodilation ! so when extremity is returned to dependent position , blood returning to dilated vascular bed produces intense red or possibly rubor color in foot and thats called " Reactive hyperemia " ..

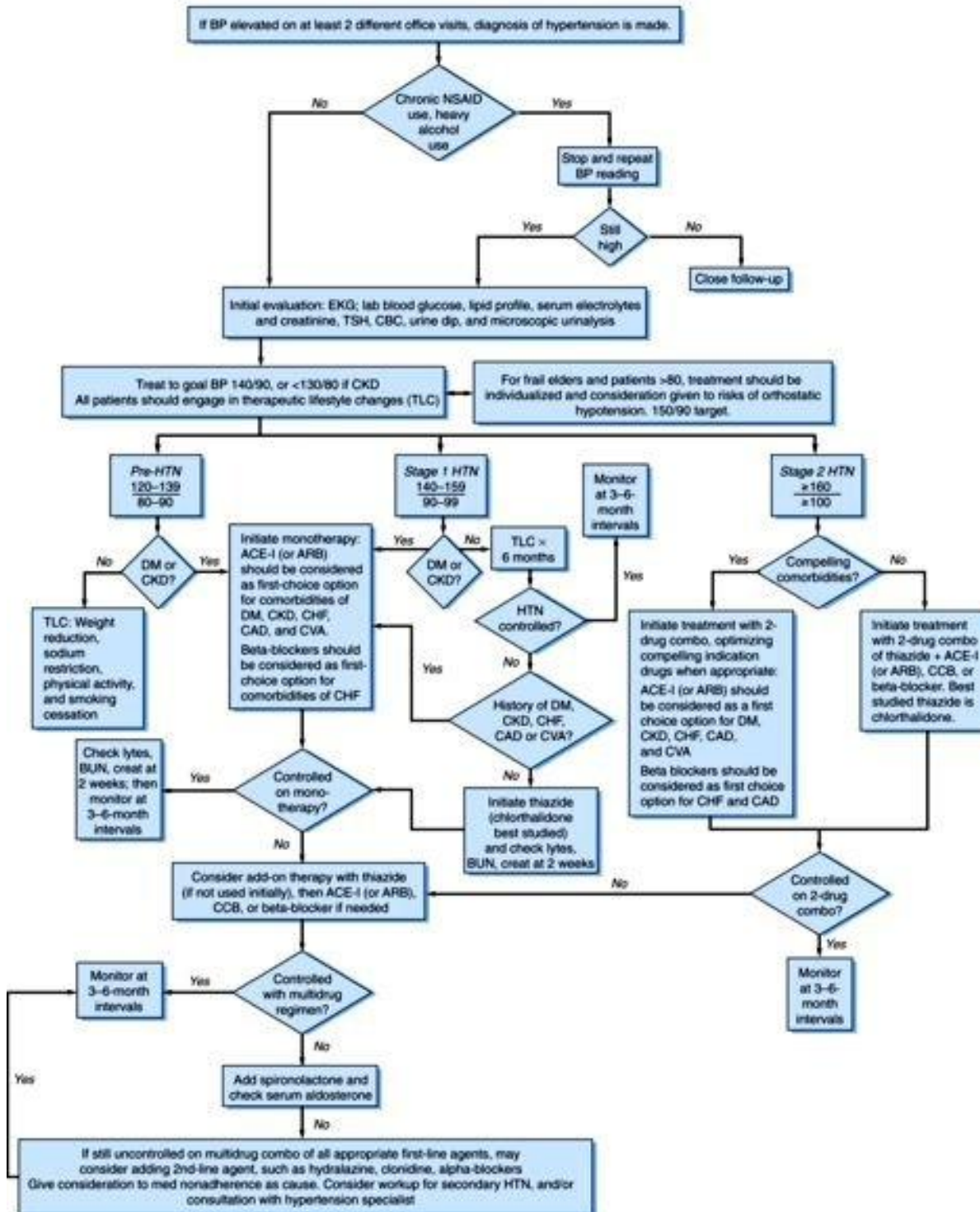
11- Skin temperature become decrease in foot ..

68. DM with controlled blood sugar and his BP was 138/89 mmHg what will be your next step :

a) Nothing

b) Add ACE inhibitor

HYPERTENSION AND ELEVATED BLOOD PRESSURE, TREATMENT



69. Patient comes to the ER with weak rapid pulse, what is your next step?

- Give him 2 breaths
- Do CPR (2 breaths / 30 compressions)
- Waite until team of resuscitation group comes

Weak & rapid pulse mean he in shock now and he need to correct it ! especially when he in hypovolemic shock ..

you must to check symptoms & signs of shock and try to treat him by fluids until teams arrived ...

Don't wait because may patient die in your hand without give him a simple fluids thats keep him alive ..

The answer is D ..

70. ECG shows ST elevation in the following leads V1, 2, 3, 4 & reciprocal changes in leads aVF & 2, what is the diagnosis?

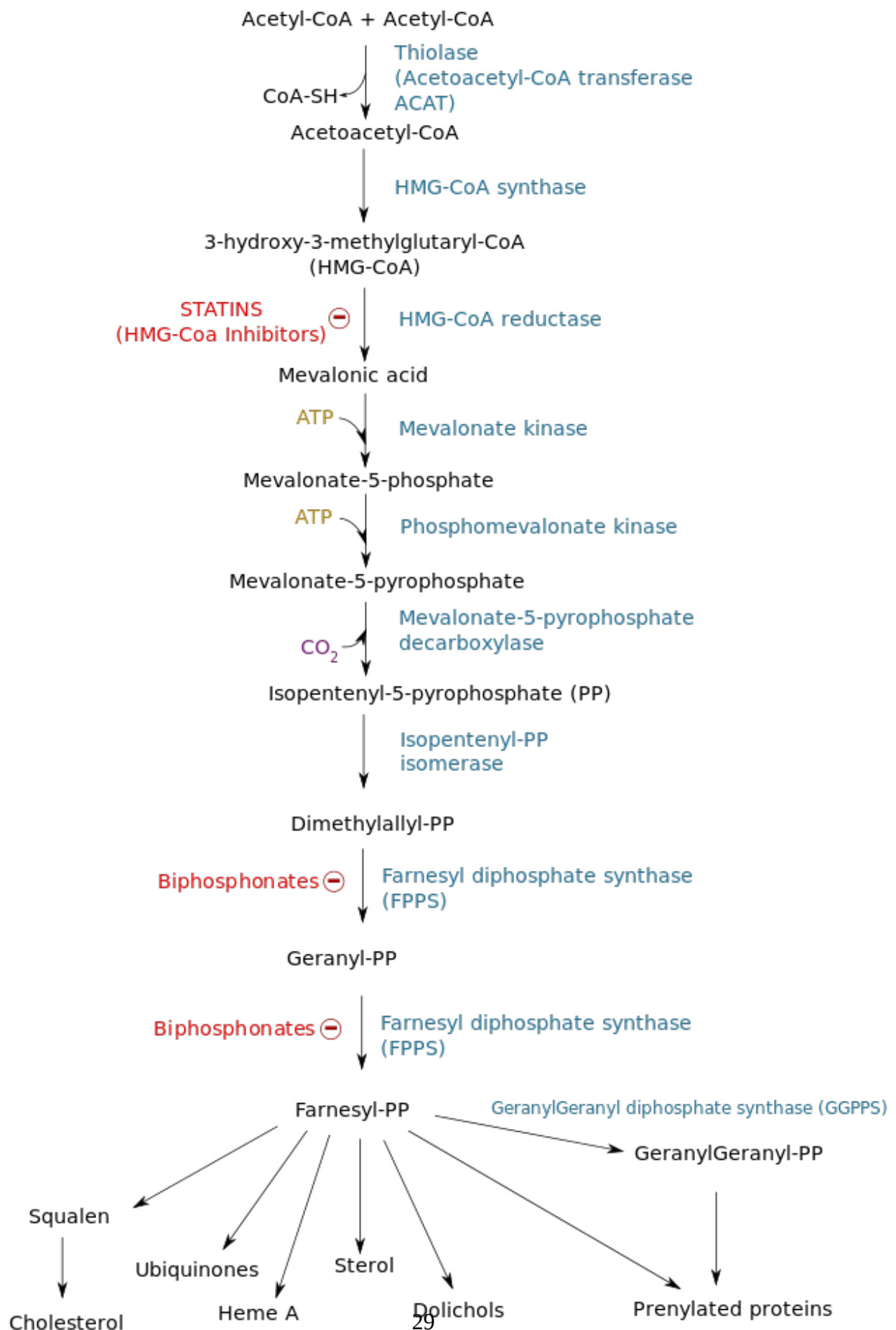
- a) Lateral MI
- b) **Anterior MI**
- c) Posterior MI

71. Which of the following medications is considered as HMG-CoA reductase inhibitor?

- a) **Simvastatin**
- b) Fibrate

All statins act by inhibiting 3-hydroxy-3-methylglutaryl coenzyme A HMG-CoA reductase, the rate-limiting enzyme of the HMG-CoA reductase pathway, the metabolic pathway responsible for the endogenous production of cholesterol.

Mevalonate pathway



72. DVT for a lady best management?

- a) Bed rest, warfarin and heparin

73. 50 years old patient, diagnosed with hypertension, he is used to drink one glass of wine every day, he is also used to get high Na and high K intake, his BMI is 30kg/m, what is the strongest risk factor for having hypertension in this patient?

- a) wine
b) High Na intake
c) high K intake
d) BMI=30

He 50 years old ..

he drink one glass of wine and that not cause of hypertension until he drink more than two glasses ..

high intake salt make him hypertensive also low k intake make him hypertensive because electrolyte imbalance between Na & K ..

also, overweight and obese patient being risk for hypertension and i think this is strong one ..

74. Patient wants to do dental procedure, he was diagnosed to have mitral valve prolapse clinically by cardiologist, he had never done echo before, what is appropriate action?

- a) Do echo
b) No need for prophylaxis
c) Give ampicillin
d) Give amoxicillin clavulanic

- We should do Echo to decide to give prophylaxis or not
- Mitral valve prolapse with vulvar regurgitation and/or thickened leaflets → give
- Mitral valve prolapse without vulvar regurgitation → do not give
- **Endocarditis Prophylaxis Recommended in high and moderate risk patient**
- ☐ **High Risk Category Prosthetic cardiac valves, including:**
 - 1) bioprosthetic and homograft valves
 - 2) Previous bacterial endocarditis
 - 3) Complex cyanotic congenital heart disease (single ventricle states, TGA, TOF)
 - 4) Surgically constructed systemic-pulmonary shunts or conduits
- ☐ **Moderate Risk Category:**
 - 1) Most other congenital cardiac malformations (other than above and below)
 - 2) Acquired valvar dysfunction (e.g. rheumatic heart disease)
 - 3) Hypertrophic cardiomyopathy
 - 4) Mitral valve prolapse with valvar regurgitation and/or thickened leaflets ☐

Endocarditis Prophylaxis Not Recommended Negligible Risk Category:

- 1) Isolated secundum atrial septal defect
- 2) Surgical repair of ASD, VSD, or PDA (without residual beyond 6 months)
- 3) Previous coronary artery bypass graft surgery
- 4) Mitral valve prolapse without valvar regurgitation
- 5) Physiologic, functional, or innocent heart murmurs
- 6) Previous Kawasaki disease without valvar dysfunction
- 7) Previous rheumatic fever without valvar dysfunction
- 8) Cardiac pacemaker (intravascular and epicardial) and implanted defibrillators

75. Old patient with HTN & BPH treatment is:

- a) Beta-blocker
- b) Phentolamine
- c) **Zedodin**

We have two classification of Alpha blocker according to type of receptors :

- 1- α 1-blockers or antagonists act at α 1-adrenoceptors .
- 2- α 2-blockers or antagonists act at α 2-adrenoceptors .

Another Classification of Alpha blocker according its action:

- 1- Selective α 1-adrenergic blockers .
- 2- Selective α 2-adrenergic blockers .
- 3- non-selective α 2-adrenergic blockers .

In BPH & hypertension we use Selective α 1-adrenergic blockers which are :

- 1- Doxazosin.
- 2- Silodosin.
- 3- Tamsulosin.
- 4- Alfuzosin.
- 5- Terazosin.
- 6- Prazosin.

To memorize in exam any choices have ending with "sin" is Selective α 1-adrenergic blockers because i didn't confused with α 2-adrenergic blockers even its selective or not ..

Note :

There is no drug name: Zedodin !?

76. Sign of severe Hypokalemia is:

- a) P-wave absence
- b) Peak T-wave
- c) Wide QRS complex
- d) **Seizure**

Seizures doesnot cause from hypokalemia itself ! when became severely like this! take it in your mind another electrolytes disturbance can occur with it in same time ..

Like magnesium, as we know magnesium inhibit the ROMK channels in the apical tubular membrane in kidney and make potassium normal in blood but when Hypomagnesemia occur the potassium be loss too much in urine and hypokalemia occur ..

So, you will find symptoms & signs of Hypomagnesemia occur with hypokalemia because thats as a cause of hypokalemia ..

- **Severe hypokalemia** is defined as a level less than 2.5 mEq/L.
 - Severe hypokalemia is not linked with any **symptoms**, but may cause:
 - 1) Myalgia or muscle pain
 - 2) disturbed heart rhythm including ectopy (disturbance of the electrical conduction system of the heart where beats arise from the wrong part of the heart muscle)
 - 3) serious arrhythmias (electrical faster or slower than normal)
 - 4) greater risk of hyponatremia (an electrolyte disturbance in humans when the sodium concentration in the plasma decreases below 135 mmol/L) with confusion and seizures
- ☐ **ECG changes in hypokalemia :**
- 1) T-wave flattening or inverted
 - 2) U-wave : (additional wave after the T wave)
 - 3) ST – segment depression ☐
- ECG changes in hyperkalemia:**
- 1) Peak T wave
 - 2) Wide QRS (in severe case)
 - 3) PR prolong (in severe case)
 - 4) Loss of P wave

77. Patient with AMI and multiple PVC , what is your treatment for this arrhythmia :

- a) Amiadrone
- b) No treatment

First-line therapy for PVC without hemodynamic significance in patients post-MI is beta-blockers ..

Only in the setting of symptomatic, complex ectopy is lidocaine likely to benefit a patient having an MI ..

Amiadrone is consider if hemodynamically significant and can be useful ..

78. Causes of secondary hyperlipidemia all except:-

- a) **Hypertension**
- b) Nephrotic syndrome
- c) Hypothyroidism
- d) Obesity

Causes of Secondary Dyslipidemia :

- 1- Type 2 diabetes mellitus.
- 2- Excessive alcohol consumption.
- 3- Cholestatic liver diseases.
- 4- Nephrotic syndrome.
- 5- Chronic renal failure.
- 6- Hypothyroidism.
- 7- Obesity.
- 8- Drugs.

79. 70 years old lady feels dizzy on standing, resolves after 10-15 minutes on sitting, decrease on standing, most likely she is having :

- a) **Orthostatic hypotension**

80. The effectiveness of ventilation during CPR measured by:

- a) **Chest rise**
- b) Pulse oximetry
- c) Pulse acceleration

81. Cardiac syncope:

- a) Gradual onset
- b) **Fast recovery**
- c) Neurological sequence after

Onset of syncope is usually rapid and recovery is spontaneous, rapid and complete ..

Duration of episodes are typically brief (less than 60 seconds) ..

82. Young patient with HTN came complaining of high blood pressure and red, tender, swollen big left toe, tender swollen foot and tender whole left leg. Diagnosis is:

- a) Cellulitis
- b) **Vasculitis**
- c) Gout Arthritis

Vasculitis is a term for a group of rare diseases that have in common inflammation of blood vessels, which mean you must found general symptoms & signs in any organ and that depending about the causes of vasculitis & location & size of vessels affect ..

So lets see the possible symptoms :

- General symptoms: Fever, weight loss.
- Skin: Palpable purpura, livedo reticularis.
- Muscles and joints: Myalgia or myositis, arthralgia or arthritis.
- Nervous system: Mononeuritis multiplex, headache, stroke, tinnitus, reduced visual acuity, acute visual loss.
- Heart and arteries: Myocardial infarction, hypertension, gangrene.
- Respiratory tract: Nose bleeds, bloody cough, lung infiltrates.
- GI tract: Abdominal pain, bloody stool, perforations.
- Kidneys: Glomerulonephritis.

83. Patient with hypertrophic subaortic stenosis referred from dentist before doing dental procedure what is true

- a) 50 % risk of endocarditis up to my knowledge
- b) 12 % risk of endocarditis
- c) No need for prophylaxis
- d) post procedure antibiotic is enough

84. Female, narrow QRS, contraindication of Adenosine:

- a) LHF
- b) Mitral
- c) Renal

Side effects of Adenosine are :

1- Arrhythmia (Stop it if asystole or severe bradycardia occur) ..

2- AV block ..

3- Angina (Stop it if occur) ..

4- Bronchospasm ..

5- Hypotension (stop it if severely) ..

Contraindication of Adenosine are :

1- 2nd or 3rd degree AV block ..

2- Severe hypotension ..

3- Decompensated heart failure ..

4- COPD (including asthma) ..

85. 31 years old autopsy show bulky vegetation's on aortic and mitral valves, what is the diagnosis?

- a) Infective endocarditis
- b) Rh endocarditis

Vegetations in pathology are often associated with endocarditis.

In infective endocarditis, its have large Vegetation ..

You can see in next image endocarditis with large vegetation on the atrial aspect of the mitral valve.



Rheumatic fever have small vegetation ..

Also, In Non-infective endocarditis like: Libman-Sacks endocarditis have small vegetation with sterile autopsy ..

Libman–Sacks endocarditis is related to systemic lupus erythematosus

86. Patient on Digoxin drug, started to visualize bright lights and other signs of visual disturbances. What caused this?

a) Digoxin toxicity

He in digoxin and may be in digoxin toxicity now when he have blurred vision and "Xanthopsia" which mean seen things have yellow color due to yellowing of the optical media of the eye ..

87. How does the heart get more blood?

- a) Increasing blood pressure
- b) Increasing heart rate
- c) Increasing Stroke volume

88. The best way of treating patient with BP= 130-139/80-85:

- a) Wight reduction and physical activity
- b) Exercise alone is not enough

Yeah, as I post image above weight reduction is important to clear risk factor of hypertension ..

89. Family history of CAD eaten fruit 4 vegetable 4 bread 8 meat 3 dairy 4 what to do

- a) Decrease meat and dairy

we don't want to increase risk factors in CAD because meat is fat food and dairy is calcium source ..

90. Premature ventricular contraction is due to:

- a) Decrease O₂ requirement by the heart
- b) Decrease blood supply to the heart
- c) Decrease O₂ delivery to the heart

Most common causes of PVCs is CAD which mean ischemia and blood supply to heart become decrease ..

Its can be occur with low O₂ & its can occur without any structural heart involve ..

91. Male patient who is a known case of hypercholesterolemia, BMI: 31, his investigations show high total cholesterol, high LDL & high TG, of these investigations what is the most important risk factor for developing coronary artery disease?

- a) Elevated LDL
- b) Elevated HDL
- c) Low HDL
- d) Elevated cholesterol
- e) Elevated triglyceride level

92. Patient was brought by his son. He was pulseless and ECG showed ventricular tachycardia, BP 80/, what is your action?

- a) 3 set shock
- b) One D/C shock (cardioversion)
- c) Amiodaron
- d) CPR

- Pulseless VT treated by unsynchronized shock defibrillation (not cardioversion) and CPR.
- The first thing to be given is the shock, then CPR then drugs(epinephrine&amiodaron)

93. One of the following is a characteristic of syncope (vasovagal attack):

- a) Rapid recover
- b) Abrupt onset
- c) When turn neck to side
- d) Bradycardia
- e) Neurological deficit

Vasovagal syncope occurs in response to a trigger, with a corresponding malfunction in the parts of the nervous system that regulate heart rate and blood pressure. When heart rate slows, blood pressure drops, and the resulting lack of blood to the brain causes fainting and confusion.

94. Which of the following indicate inferior wall MI (Inferior chest leads) in ECG?

- a) **II, III, AVF**
- b) V1, V2, V3
- c) V2, V3, V4
- d) I, V6
- e) I, aVL, VI

95. Patient who is a known case of posterior MI presented with syncope. Examination showed canon (a) wave with tachycardia, unreadable BP & wide QRS complexes on ECG. The diagnosis is:

- a) Atrioventricular reentrant nodal tachycardia
- b) **Ventricular tachycardia**
- c) Pre-existing AV block
- d) Anterograde AV block
- e) Bundle branch block

atrioventricular nodal reentrant tachycardia It is a type of supraventricular tachycardia which occur above AV node ..

The only diagnostic observation that distinguishes SVT from VT is to produce AV block.

Cannon A waves or cannon atrial waves seen in AV dissociation and thats occur in all case of complete 3rd degree AV block and in some cases of ventricular tachycardia.

Signs of AV dissociation on physical examination include:

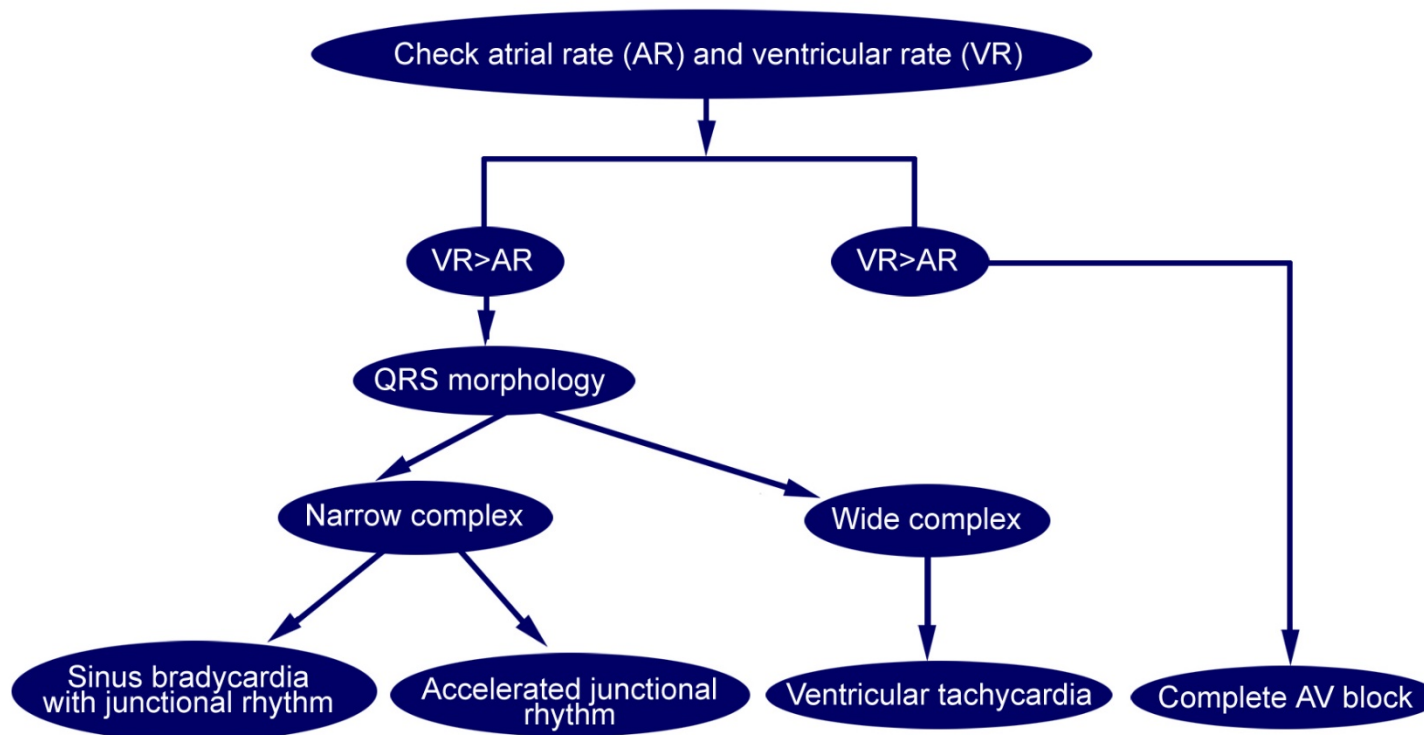
1- intermittent cannon a waves.

2- variability of the first heart sound.

3- variability in beat-to-beat systolic blood pressure.

Ventricular tachycardia have wide QRS ..

Diagnostic Algorithm for AV Dissociation



96. Warfarin is given to all the following except:

- a) Young male with Atrial fibrillation & mitral stenosis
- b) Male with AF & cardiomyopathy
- c) Male with AF & prosthetic heart valve
- d) Elderly male with normal heart

97. Angina with decrease ST 1-2 cm < 5 min what is the diagnosis?

- a) Ischemia- heart block

98. 15 years old male patient complaining of joint pain & fever for 1 week , difficulty swallowing, liver 1 cm below costal and pancystolic murmur

- a) RHD
- b) Infected endocarditis

This is Rheumatic fever ..

he 15 years old have suspected group A streptococcal pharyngitis when they said have difficulty of swallowing along 1 week ..

he have fever, arthralgia which are in minors criteria ..

On physical examination: have normal liver span & heard blowing pansystolic murmur due to pancarditis ..

So, when we calculate the major & minor criteria we have 1 major criteria & 2 minor criteria which confirm Rheumatic heart disease clinically ..

99. What will increase heart blood flow when increase load on heart?

- a) Dilation of coronary
- b) Constrict of aorta
- c) **Increase HR**
- d) Increase venous retain

When increase load on heart, the heart will increase pump more blood volume (stroke volume) for body and ventricles which become this mechanism so faster ..

Cardiac output = Heart rate × Stroke volume ..

100. Pregnant, with history of DVT 4 years back, what will you give her?

- a) Aspirin
- b) Clopidogrel
- c) **LMW heparin**

heparins are used for management of venous thromboembolism in pregnancy because they do not cross the placenta ..

Low molecular weight heparins are preferred because they have a lower risk of osteoporosis and of heparin-induced thrombocytopenia ..

LMW heparin are eliminated more rapidly in pregnancy and require alteration dose of drug ..

Treatment should be stopped at the onset of labor and advise a specialist to continue therapy after birth ..

101. Patient come with precordial pain, ECG ST segment elevation, patient given aspirin and nitrate, but no relieve of pain what next step you will do?

- a) **Give morphine IV**

102. Most common cause of chronic hypertension:

- a) DM
- b) Hypertension
- c) **Interstitial renal disease**

☐ kidney disease is the most common cause of secondary HTN

103. All are true about the best position in hearing the murmurs, EXCEPT:

- a) **Supine: venous hum**
- b) Sitting: AR
- c) Sitting: pericardial rub
- d) supine: innocent outflow obstruction
- e) Left lateral in: MS

Venous hum heard on auscultation over the right jugular vein in the sitting or erect position but its disappears when the patient in the supine position or may disappear if the subject turns their head to one side ..

104. Diastolic blowing murmur best to heard in the left sternal border increasing with squatting

- a) AS
- b) **AR**
- c) MS
- d) MR
- e) MVP

☐ MS,AS,AR,MR all increased by squatting ,, diastolic is MS at apex & AR at left sternal

Valvular Lesion	Squatting/Leg Raise (Increase Blood Return)	Standing/Valsalva (Decreased Blood Return)
Aortic stenosis (AS)	Increase	Decrease
Aortic regurgitation (AR)	Increase	Decrease
Mitral stenosis (MS)	Increase	Decrease
Mitral regurgitation (MR)	Increase	Decrease
Ventricular septal defect (VSD)	Increase	Decrease
Hypertrophic obstructive cardiomyopathy (HOCM)	Decrease	Increase
Mitral valve prolapse (MVP)	Decrease	Increase

105. What is the most risk of antihypertensive drugs on elderly patient?

- a) Hypotension
- b) **Hypokalemia**
- c) CNS side effect

Hypokalemia can occur with both thiazide and loop diuretics ..

Hypokalemia is dangerous in severe cardiovascular disease ..

Thats why we use potassium supplements or potassium-sparing diuretics are seldom necessary when thiazides are used in the routine treatment of hypertension in elderly patient ..

106. 60 years old male presented with history of 2 hours chest pain, ECG showed ST elevation on V1-V4 with multiple PVC & ventricular tachycardia. The management is:

- a) Digoxin
- b) Lidocaine
- c) Plavix & morphine
- d) **Amiodarone**

107. About ventricular fibrillation:

- a) Can only be treated with synchronized defibrillation
- b) The waves are similar in shape, size and pattern
- c) Course VF indicates new VF and can be treated with..

108. Female patient with moderate AS had syncope in the gym while she was doing exercise, if the syncope was due to AS, what is the cause?

- a) systemic hypo-tension
- b) cardiac arrhythmia

Syncope results from inadequate cerebral perfusion ..

Syncope occurring on effort due to systemic vasodilation (total peripheral resistance decrease) in presence of fixed or inadequate cardiac output (cardiac output cannot increase due to narrow aortic valve which restricted output) ! This imbalance causes a drop in blood pressure leading to syncope ..

Another theory said: thats from very high left ventricular pressure that develop during exercise triggers a reflexive vasodepressor response leading to fall in blood pressure ..

Syncope at rest is usually due to a transient tachyarrhythmia from which patient recover spontaneously..

Other possible causes of syncope include transient atrial fibrillation or transient AV block ..

109. Which of the following is the least likely to cause infective endocarditis:

- a) ASD
- b) VSD
- c) Tetralogy of Fallot
- d) PDA

☐ 50% of all endocarditis occurs on normal valves

☐ **Predisposing cardiac lesions:**

- 1) Aortic / mitral valve disease
- 2) IV drug users in tricuspid valves
- 3) Coarctation
- 4) PDA
- 5) VSD (Fallot's Tetradincluded)
- 6) Prosthetic valves

110. Sinus tachycardia and atrial flutter, how to differentiate?

- a) Temporal artery message
- b) Carotid artery message
- c) Adenosine IV

111. Patient presented in ER with Low BP, distended Jugular veins, muffled heart sounds and bruises over sterna area, what is the diagnosis?

- a) Cardiac tamponade

Signs of classical cardiac tamponade include three signs, known as Beck's triad:

- 1- Hypotension occurs because of decreased stroke volume.
- 2- Jugular-venous distension due to impaired venous return to the heart.
- 3- Muffled heart sounds due to fluid inside the pericardium.

112. 35 years old woman presented with exertional dyspnea. Precordial examination revealed loud S1 and rumbling mid diastolic murmur at apex. Possible complications of this condition can be all the following EXCEPT:

- a) Atrial fibrillation
- b) Systemic embolization
- c) **Left ventricular failure**
- d) Pulmonary edema
- e) Pulmonary hypertension

☐ All these are features of mitral stenosis. Atrial fibrillation occurs secondary to left atrial enlargement, the fibrillation increases the risk of thromboembolism. There's more blood in the left atrium, so more is flowing back to the lungs causes pulmonary congestion and edema, when the lung gets congested it tries to protect its self from this excess fluid by constricting the pulmonary arteries, so more constriction is more resistance and therefore pulmonary hypertension results. The left option is left ventricular failure which doesn't occur, on the contrary the LV is very relaxed since less blood is passing through the stenosed valve to the ventricle so the requirements on the LV is less and the stress is less and ejection fraction is normal

113. S3 occur in all of the following EXCEPT:

- a) Tricuspid regurgitations.
- b) Young athlete.
- c) LV failure.
- d) **Mitral stenosis.**

Opening Snap in MS doesnot consider third heart sound, opening snap occurring early in diastole along with a single second heart sound can mimic a split second heart sound.

Even Congestive heart failure occur and S3 become absent if patient have MS ..

To memorize, any valves have regurgitation become more occur than stenosis in another valves ..

114. Treatment of chronic atrial fibrillation all, EXCEPT:

- a) Cardioversion
- b) Digoxin
- c) Warfarin

- When AF is due to an acute precipitating event such as alcohol toxicity, chest infection, hyperthyroidism, the provoking cause should be treated. Strategies for acute management of AF are ventricular rate control or cardioversion (+/- anticoagulation). Ventricular control rate is achieved by drugs which block the AV node, while cardioversion is achieved electrically with DC shock. Or medically with anti-arrhythmic.

In general, each patient deserves at least one cardioversion trial.

If patient is unstable and presents in shock, severe hypotension, pulmonary edema, or ongoing myocardial ischemia, DC cardioversion is a must. In less unstable patients or those at high risk for emboli due to cardioversion as in mitral stenosis, rate control is adopted (digoxin, β -blocker or verapamil to reduce the ventricular rate).

If it's unsuccessful then cardiovert the patient after anticoagulating him for 4 wks.

In chronic atrial fibrillation, cardioversion is contra-indicated due to risk of thrombus dislodge

115. Treatment of unstable angina include all EXCEPT:

- a) Heparin
- b) Nitroglycerin
- c) Beta blocker
- d) Aspirin

- all those answers are true
- Hospitalization, Strict bed rest, supplemental oxygen, Sedation with benzodiazepine if there is anxiety, Systolic blood pressure is maintained at 100-120 mmHg and pulse should be lowered to 60/min, Heparin, antiplatelet, nitrates and b-blocker.

116. The following are features of rheumatic fever, Except:

- a) Restless, involuntary abnormal movements.
- b) Subcutaneous nodules.
- c) Rashes over trunk and extremities.
- d) **Short PR interval on ECG.**
- e) Migratory arthritis

- ☐ **Clinical features:** Sudden onset of fever, joint pain, malaise and loss of appetite. Diagnosis also relies on the presence of two or more major criteria or one major plus two or more minor criteria Revised Ducket jones criteria Major criteria are carditis, polyarthritis, chorea, erythema marginatum and subcutaneous nodules. Minor criteria are fever, arthralgia, previous rheumatic fever, raised ESR/c- reactive protein. Leukocytosis and prolonged PR interval on ECG.

117. What is the cause of death in Ludwig angina?

- a) Dysrhythmia
- b) **Asphyxia**
- c) pneumonia
- d) wall rupture

- sudden asphyxiation is the most common cause of death in Ludwig angina
- It is potentially life-threatening cellulitis or connective tissue infection, of the floor of the mouth, usually occurring in adults with concomitant dental infections and if left untreated, may obstruct the airways, necessitating tracheotomy.

118. Nitroglycerine cause all of the following, EXCEPT:

- a) Increase coronary blood flow
- b) Methemoglobinemia
- c) **Venous pooling of blood.**
- d) Efficient for 5 min. if taken sublingual.
- e) Lowers arterial blood pressure.

☐ **Nitroglycerine**

- effect occurs approximately 1 to 3 minutes after sublingual nitroglycerin administration and reaches a maximum by 5 minutes postdose.
- Action: Increase coronary blood flow, produce vasodilation, decrease LVED vol. (preload), decrease myocardial O₂ consumption
- Therapeutic effect:
 - 1) Relief or prevention of angina attack

- 2) Increase CO
- 3) Decrease BP.

➤ A-Z drugs: one of the S/E of Nitroglycerine is Methemoglobinemia.

119. Young patient came to ER with dyspnea and productive tinged blood frothy sputum, he is known case of rheumatic heart disease, AF and his cheeks has dusky rash, what is the diagnosis?

- a) **Mitral stenosis**
- b) CHF
- c) Endocarditis

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120. In atrial fibrillation and stroke, all are true , EXCEPT:

- a) **Aspirin can be given in AF for prevention of stroke.**
- b) Warfarin can be given in AF for prevention of stroke.
- c) Non valvular AF can cause stroke.

- According to CHADS2 criteria:

- AF with stroke (1)
controversial
Warfarin C =
recent Congestive
heart failure.
- H = Hypertension.
- A = Age>70y ➤
D = DM.
- S2: = stroke = TIA
☐ Each
scores one.

- Then: If score = 0 (AF with no one of these) Aspirin If score = 1 Contraversial (anticoagulation issue) If score > 1 Warfarin

121. Patient with sudden cardiac arrest the ECG showed no electrical activities with oscillation of QRS with different shapes. The underlying process is

- a) Atrial dysfunction
- b) **Ventricular dysfunction**
- c) Toxic ingestion
- d) Metabolic cause

122. Best treatment for female with migraine and HTN

- a) **Propranolol**

123. Patient 20 year old come with palpitations ECG show narrow QRS complexes and pulse is 300 bpm what is the true?

- a) Amiodarone should include in the management

124. How coronary artery disease causes MI?

- a) **Narrowing of the blood vessel**

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125. Calcium channel blocker as nifedipine, verapamil and diltiazem are extremely useful in all of the following applications except:
- a) Prinzmetal's angina pectoralis
 - b) Hypertension
 - c) Atrial tachycardia
 - d) **Ventricular tachycardia**
 - e) Effort angina pectoralis
126. Old man who had stable angina the following is correct except:
- a) angina will last less than 10 min
 - b) occur on exertion
 - c) No enzymes will be elevated
 - d) **Will be associated with loss of consciousness**
127. 70 years old male was brought to the ER with sudden onset of pain in his left lower limb. The pain was severe with numbness. He had acute myocardial infarction 2 weeks previously and was discharged 24 hours prior to his presentation. The left leg was cold and pale, right leg was normal. The most likely diagnosis is:
- a) Acute arterial thrombosis
 - b) **Acute arterial embolus**
 - c) Deep venous thrombosis
 - d) Ruptures disc at L4-5 with radiating pain
 - e) Dissecting thoraco-abdominal

Etiology of Acute Arterial Occlusion/Insufficiency:

A- embolus:

1- cardiac embolus (80-90%): history of MI <3 months, valvular disease, AF, cardiomyopathy, endocarditis, atrial myxoma

2- arterial embolus: proximal arterial aneurysm, atheroembolism .

3- venous embolus (intracardiac shunt); may have Hx of OCP use .

4- Hx of TIAs/strokes ..

B- thrombus :

atherosclerotic, congenital anomaly, infection, hematological disorders, stasis ..

C- trauma :

arterial catheterization, intra-arterial drug injection induced, aortic dissection, severe venous thrombophlebitis, prolonged immobilization ..

D- idiopathic ..

128. Coarctation of aorta is commonly associated with which of the following syndrome:

- a) Down
- b) **Turner**
- c) Patau
- d) Edward
- e) Holt-Orain

Coarctation of the aorta is the most common cardiac defect associated with Turner syndrome.

129. Before an operation to a child we found him having continuous murmur in his right sternal area what is the next step of management?

- a) **Postpone and reevaluate the patient again**

130. Each of the following murmur will be elicited by the change of position except:

- a) **Innocent murmur by sitting**

131. Patient post MI with hemiparesis and drowsy what is the first to do :

- a) Heparin

132. Patient known case of coronary artery disease, present with a symptoms of it, to diagnose that patient has MI or not, by first ECG & cardiac enzyme

- a) Exercise stress test
- b) **Coronary angiography**
- c) Exercise

Cardiac Catheterization is confirm if have M.I or not ..

Don't let him do any exercises because may be die due to increase O₂ demand for that exercise and ischemia become worse and extent necrosis ..

133. Patient present with carotid artery obstruction by 80%, treatment by

- a) **Carotid endarterectomy**
- b) surgical bypass

☐ If more than 70 % go to surgery

134. Old male come with CHF & pulmonary edema, what is the best initial therapy

- a) Digoxin
- b) **Furosemide**
- c) Debutamine

135. Hyperkalemia is characterized by all of the following except:

- a) Nausea and vomiting.
- b) Peaked T-waves.
- c) Widened QRS complex.
- d) **Positive Chvostek sign.**
- e) Cardiac arrest in diastole.

- ☐ Hyperkalemia is characterized by tall peaked T-waves, wide QRS complex, and cardiac arrest if untreated, chvostek sign is a sign of hypocalcemia (tapping over facial nerve causes facial muscles to twitch).

136. 10 years old had an episode of rheumatic fever without any defect to the heart. The patient need to take the antibiotic prophylaxis for how long:

- a) 5 months
- b) **6 years**
- c) 15 years

Duration of 2nd prophylaxis prevention depends on cardiac if involve or not :

1- For minimum of 5 years after attack or until child become in 21 years old if no have carditis ..

2- 10 years or well into adulthood if child have carditis but no have valve disease ..

3- 10 years or until 40 years old if valves became affected for all dental and surgical procedures ..

Duration of Secondary Prophylaxis for Rheumatic Fever

Type	Duration after last attack	Evidence rating*
Rheumatic fever with carditis and residual heart disease (persistent valvular disease†)	10 years or until age 40 years (whichever is longer); lifetime prophylaxis may be needed	1C
Rheumatic fever with carditis but no residual heart disease (no valvular disease†)	10 years or until age 21 years (whichever is longer)	1C
Rheumatic fever without carditis	5 years or until age 21 years (whichever is longer)	1C

137. The antibiotic prophylaxis for endocarditis is:

- a) **2 g amoxicillin 1 h before procedure**
- b) 1 g amoxicillin after procedure
- c) 2 g clindamycine 1 h before procedure
- d) 1 g clindamycine after procedure

138. Patient with hypercholesterolemia, he should avoid:

- a) **Organ meat**
- b) Avocado
- c) Chicken
- d) white egg

139. Difference between unstable and stable angina :

- a) Necrosis of heart muscle
- b) **Appears to be independent of activity** "pathophysiology of the atherosclerosis"

140. Drug contraindication hypertrophic obstructive cardiomyopathy

- a) **Digoxin**
- b) One of b-blocker
- c) Alpha blocker

141. Fick method in determining cardiac output

- a) BP
- b) O2 saturation in blood

142. Man who has had MI you will follow the next enzyme

- a) CPK
- b) ALP
- c) AST
- d) Amylase

143. Patient with congestive heart failure, which medication will decrease his mortality?

- a) Furosemide
- b) Digoxin
- c) ACEIs decrease the mortality

144. Regarding murmur of mitral stenosis

- a) Holosystolic
- b) Mid systolic
- c) Mid-diastolic rumbling murmur

145. What is the correct about unstable angina :

- a) Same drug that use instable angina
- b) Should be treated seriously as it might lead to MI

☐ **Note:** Fifty percent of people with unstable angina will have evidence of myocardial necrosis based on elevated cardiac serum markers such as Creatine kinase isoenzyme (CK)-MB and troponin T or I, and thus have a diagnosis of non-ST elevation myocardial infarction

146. Patient with history of AF + MI, what the best prevention for stroke is?

- a) Warfarin
- b) Surgery procedure
- c) Shunt

147. Which most common condition associated with endocarditis?

- a) VSD
- b) ASD
- c) PDA
- d) TOF

148. Patient on Lisinopril complaining of cough, what's a drug that has the same action without the side effect?

- a) Losartan

Losartan have high incidence of cough in previous cough related to (ACE) inhibitor therapy (3-11%) ..

Also, valsartan have side effect of cough but its rare ..

Irbesartan have not associated with an increased incidence of dry cough, as is typically associated with ACE inhibitor use but in placebo-controlled studies, the incidence of cough in irbesartan-treated patients was 2.8% versus 2.7% in patients receiving placebo.

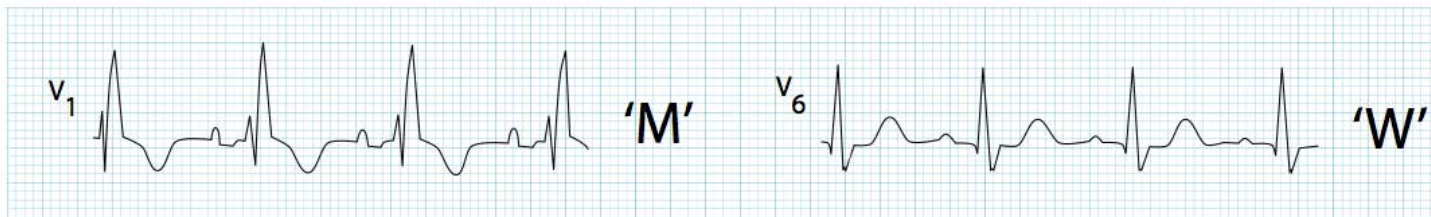
Another Angiotensin II receptor antagonists work perfectly without cough ..

149. RBBB:

- a) **Long S wave in lead I and V6 & LONG R in VI**
- b) Long S wave in lead V1 & LONG R in V6

Criteria for right bundle branch block (RBBB):

- 1- QRS >0,12 sec
- 2- Slurred S wave in lead I and V6
- 3- RSR'-pattern in V1 where R' > R



Tall R' wave in V1 ("M" pattern) with wide, slurred S wave in V6 ("W" pattern)

150. Drug used in treatment of CHF which decrease the mortality

- a) **B blocker** (Mortality decreased in systolic HF)
- b) Verapamil
- c) Nitrates
- d) Digoxin

151. Patient known case of stable angina for 2 years, came c/o palpitation , Holtis monitor showed 1.2mm ST depression for 1 to 2 minutes in 5-10 minutes wt your Dx

- a) **Myocardial ischemia**
- b) Sinus erythema
- c) Normal variant

152. Patient presented to ER with substernal chest pain, 3 month ago patient had complete physical examination, and was normal, ECG normal, only high LDL in which he started low fat diet and medication for it. What is the factor the doctor will take into considerations as a risk factor?

- a) Previous normal physical examination.
- b) Previous normal ECG.
- c) Previous LDL level.
- d) Current LDL level.
- e) **Current symptom.**

One risk factor doesn't cause heart attack within 3 months ! its must be taken years for occur that heart attack ..

Its doesn't matter how LDL become now because he under control to lowering LDL, why i concern about it !?

Normal ECG could be normal in stable angina, without stress ECG i will miss it too ..

So, may be this a new symptom for any disease that cause chest pain..

If i concern i will concern about current symptom & previous physical examination if they missing thing that correlated with condition now ..

153. Carpenter 72 years old loss one of his family(death due to heart attack) came to you to do some investigation he well and fit. He denied any history of chest pain or SOB. O/E everything is normal except mid systolic ejection murmur at left sternal area without radiation to carotid, what is your diagnosis?

- a) aortic stenosis
- b) **aortic sclerosis**
- c) Flow murmur
- d) Hypertrophic Subaortic Stenosis

154. Patient came with chest pain radiate to jaw increase with exercise, decrease with rest, what is the diagnosis?

- a) Unstable angina
- b) **Stable angina**
- c) Prinzmetal angina

155. Patient with sudden SOB had posterior inferior MI, what is the cause?

- a) Pulmonary embolism
- b) **Acute MR**
- c) Acute AS
- d) Arrhythmia

156. Increase survival rate in heart failure

- a) **Enalapril**
- b) Isosordil
- c) Furosemide
- d) Spironolactone

157. Patient with risk factor for developing infective endocarditis. He will undergo a urology surgery. And he is sensitive for penicillin. What you will give him

- a) IV vancomycin plus IV gentamicin
- b) oral tetracycline
- c) **no need to give**

158. Cause of Bundle branch block

- a) Aortic stenosis → (cause LBBB)
- b) Pulmonary stenosis → (cause RBBB)
- c) Mitral
- d) Cardiomyopathy → (cause LBBB)

• **Causes of LBBB are:**

- 1) Aortic stenosis
- 2) Dilated cardiomyopathy
- 3) Acute myocardial infarction
- 4) Extensive coronary artery disease
- 5) Primary disease of the cardiac electrical conduction system
- 6) Long standing hypertension leading to aortic root dilatation and subsequent aortic regurgitation

• **Causes of RBBB are:**

- 1) Coronary artery disease
- 2) Myocarditis

- 3) ASD, VSD and Valvular heart disease
- 4) COPD & pulmonary embolus.

159. Patient had rheumatic episode in the past, He developed mitral stenosis with orifice less than(...mm) (sever stenosis) This will lead to

- a) **Left atrial hypertrophy and dilatation**
- b) Left atrial dilatation and decreased pulmonary wedge pressure
- c) Right atrial hypertrophy and decreased pulmonary wedge pressure
- d) Right atrial hypertrophy and chamber constriction

160. Elderly patient presented by SOB, rales in auscultation, orthopnea, PND, exertion dyspnea, what is the main pathophysiology

- a) **Left ventricular dilatation**
- b) Right ventricular dilatation
- c) Aortic regurgitation.
- d) Tricuspid regurgitation

161. Patient with BP of 180/140, you want to lower the Diastolic (which is true) :

- a) 110-100 in 12 hours
- b) **110-100 in 1-2 days**
- c) 90-80 in 12 hrs
- d) 90-80 in 1-2 days

Don't reduce blood pressure too rapidly, because may lead to: hypo-perfusion of cerebral, renal, retinal or myocardial

and become infarcted ..

In most cases, the aim is to reduce the diastolic blood pressure to 100–110 mmHg over 24–48 hours ..

My References :

1- Kumar & Clarks Clinical Medicine ..

2- Davidson's Principles and Practice of Medicine ..

3- Current Diagnosis & Treatment in Family Medicine ..

162. Unstable angina:

- a) Least grade II and new onset less than 2 months ago.
- b) **Usually there is an evidence of myocardial ischemia.**
- c) Same treatment as stable angina.
- d) Discharge when the chest pain subsides.

163. Patient post-MI 5 weeks, complaining of chest pain, fever and arthralgia:

- a) **Dressler's syndrome**
- b) Meigs syndrome
- c) Costochondritis
- d) MI
- e) PE

Dressler's syndrome is largely a self limiting disease that very rarely leads to pericardial tamponade.

The syndrome consists of a persistent low-grade fever, chest pain (usually pleuritic in nature), a pericardial friction rub, and/or a pericardial effusion.

The symptoms tend to occur 4–6 weeks after myocardial infarction, but can also be delayed for a few months.

It tends to subside in a few days.

An elevated ESR is an objective laboratory finding.

164. Patient with chest pain x-ray revealed pleural effusion, high protein & high HDL:

- a) **TB**
- b) CHF
- c) Hypothyroidism
- d) Hypoproteinemia

High protein & high LDH mean this is exudate ..

Complication of TB is Exudative Pleural Effusion ..

165. Drug used in systolic dysfunction heart failure:

- a) Nifedipine
- b) Diltiazem
- c) ACEI
- d) **B-blocker**

166. Elderly patient known case of AF came with abdominal pain and bloody stool, What is the diagnosis

- a) **Ischemic mesentery**

167. Patient having chest pain radiating to the back, decrease blood pressure in left arm and absent left femoral pulse with left sided pleural effusion on CXR, left ventricular hypertrophy on ECG, most proper investigation is:

- a) aortic angiogram
- b) amylase level
- c) CBC
- d) **Echo**

168. 60 years old patient has only HTN best drug to start with:

- a) ACEI
- b) ARB
- c) **Diuretics**
- d) Beta blocker
- e) Alpha blocker

169. Patient after 2 months post MI cannot sleep what to give him?

- a) **Zolpidem**
- b) diazepam

Zolpidem have short action and act as same benzodiazepine

170. Obese, HTN, cardiac patient with hyperlipidemia, sedentary life style and unhealthy food, What are the 3 most correctable risk factor?

- a) HTN, obesity, low HDL
- b) High TAG, unhealthy food, sedentary life
- c) High cholesterol, unhealthy food, sedentary life
- d) High cholesterol, HTN, obesity

☐ **Note:** High cholesterol, unhealthy food & sedentary life are modifiable risk factors.

171. 15 years old with palpitation and fatigue. Investigation showed right ventricular hypertrophy, right ventricular overload and right branch block, what is the diagnosis?

- a) ASD
- b) VSD
- c) Cortication of aorta

172. Patient with HTN on diuretic he developed painful big toe what kind of

- a) Hydrochlorothiazid
- b) Furosemide

Hyperuricemia

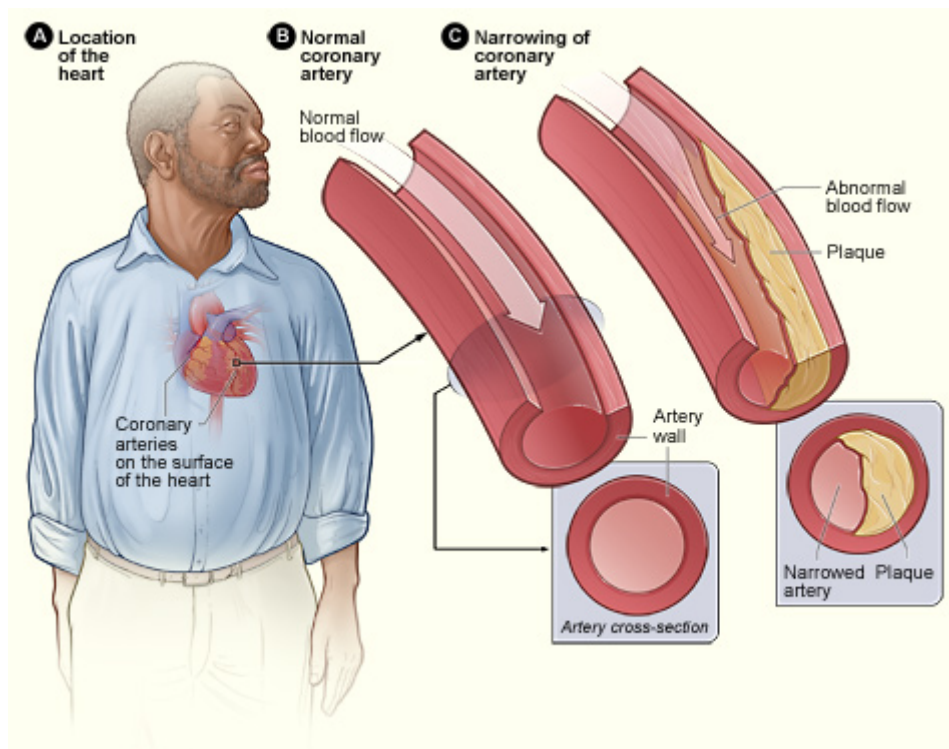
173. What best explain coronary artery disease?

- a) No atherosclerosis
- b) Fatty deposition with widening of artery
- c) Atherosclerosis with widening of artery
- d) intimal deposition of Atherosclerosis

coronary artery disease is narrowing artery not widening ! and if artery widening ! there is no problem in there ..

the problem is when it narrow the artery by any cause such as cholesterol or thrombus or even the artery become sclerosis and plaque form ..

take look here in this photo and you can understand :



the answer is D , when plaque form inside the coronary artery is mean intraluminal deposition of atherosclerosis and that the best explanation of coronary artery disease ..

174. Old patient, she has MI and complicated with ventricular tachycardia, then from that time receive Buspirone. She came with fatigue, normotensive & pulse was 65, what investigation must to be done?

- a) Thyroid function
- b) **Liver and thyroid**

Its metabolize in liver and if we must consider hepatic impairment ..

Also, from side effects have Thyroid abnormality ..

175. Patient has atrial fibrillation (AF) risk:

- a) **CVA**
- b) MI

176. Case of pericarditis

- a) **Pain in chest increase with movement**
- b) Best investigation is ECG
- c) Best investigation is Cardiac enzyme

☐ N.B. pericarditis patient present with substernal pleuritic chest pain that aggravated by lying down and relieved by leaning forward.

177. Patient complain MI on treatment after 5 day patient have short of breath + crepitation on both lung

- a) pulmonary embolism
- b) pneumonia
- c) **MR**
- d) AR

178. High pitch diastolic murmur

- a) **MS**
- b) MR
- c) MVP

179. Patient come to ER with AF, BP 80/60 what it the management?

- a) **synchronized CD**
- b) Digoxin

180. Long scenario of MI, what is the inappropriate management?

- a) **IV ca++ channel blocker**
- b) nitrate
- c) Iv morphine
- d) Beta blocker

Calcium channel blocker is contraindication in M.I.

181. Patient presented with chest pain for 2 hours With anterolateral lead shows ST elevation, providing not PCI in the hospital Management

- a) **Streptokinase ,nitroglycerin, ASA & beta blocker**
- b) Nitroglycerin ,ASA ,heparin beta blocker
- c) Nitroglycerin ,ASA, beta blocker
- d) Alteplase , Nitroglycerin , ,heparin beta blocker

182. Which of the following is a MINOR criteria for rheumatic fever?

- a) Arthritis
- b) Erythema marginatum
- c) Chorea
- d) **Fever**

183. Patient diagnosed to have aortic stenosis, he is a teacher, while he was in the class he fainted, what is the cause?

- a) Cardiac syncope
- b) **Hypotension**
- c) Neurogenic syncope

184. Patient case of CHF, loved to eat outdoor 2-3 time weekly, You advise him:

- a) **Eat without any salt**
- b) Eat 4 gm salt
- c) Low fat, high protein



N.B. one of the precipitants of CHF in HF patient is high salt diet therefore salt restriction is most probable.

185. Picture of JVP graph to diagnose. Patient had low volume pulse, low resting BP, no murmur, pedal edema.

- a) **Constrictive pericarditis**
- b) Tricuspid regurg
- c) Tricuspid stenosis
- d) Pulmonary hypertension

186. 46 years old male came to ER with abdominal pain but not that severe. He is hyperlipidemia, smoking, HTN, not follow his medication very well, vitally stable, O/E tall obese patient, mid line abdomen tenderness , DX

- a) Marfan's syndrome
- b) aortic aneurism

187. Old patient with tachycardia pulse 150 otherwise normal

- a) TSH
- b) Stress ECG

188. One non-pharmacological is the most appropriate in hypertension

- a) Weight loss
- b) Decrease alcohol
- c) Stop smoking

189. Female patient Known case of rheumatic heart disease, diastolic murmur, complains of aphasia and hemiplegia, what will you do to find the etiology of this stroke?

- a) MR angiography
- b) Non-contrast CT
- c) ECHO "MS"
- d) ECG
- e) Carotid Doppler

190. Normal child, he want to walking, he have brother dead after walking, what of the following must be excluded before walking?

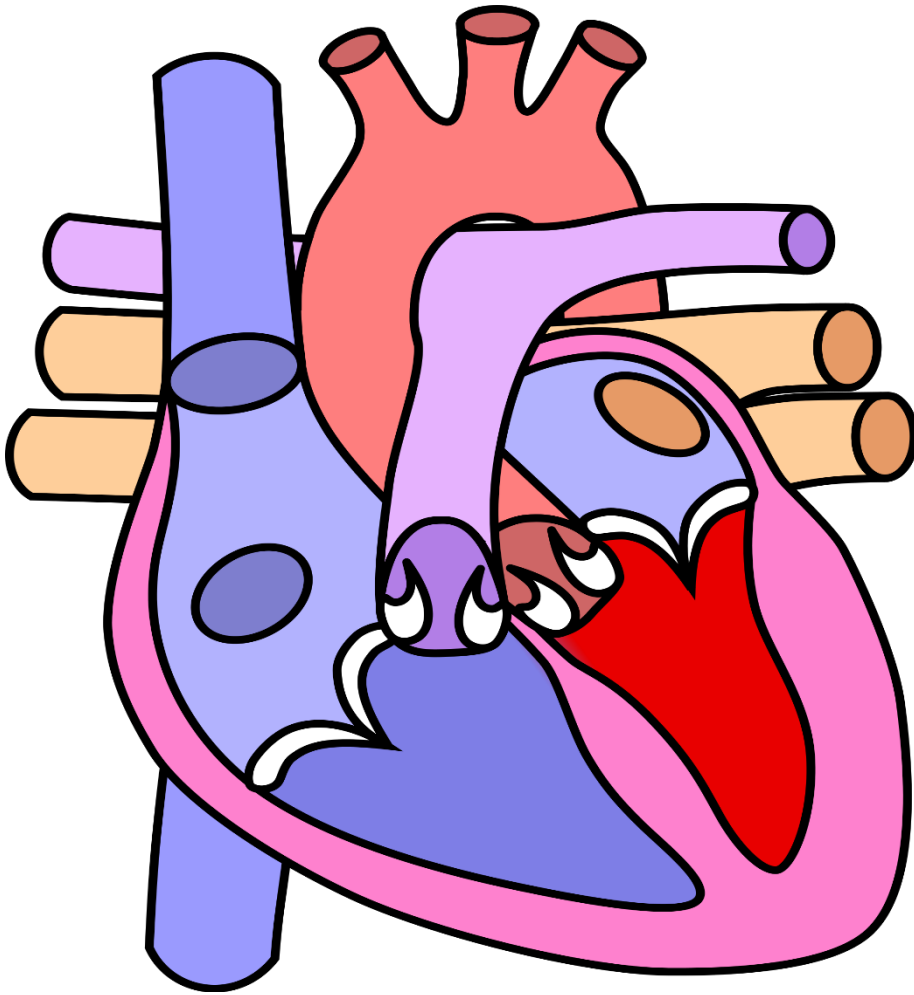
- a) PDA
- b) VSD
- c) hypertrophic cardiomyopathy

Familial and die with activity ..

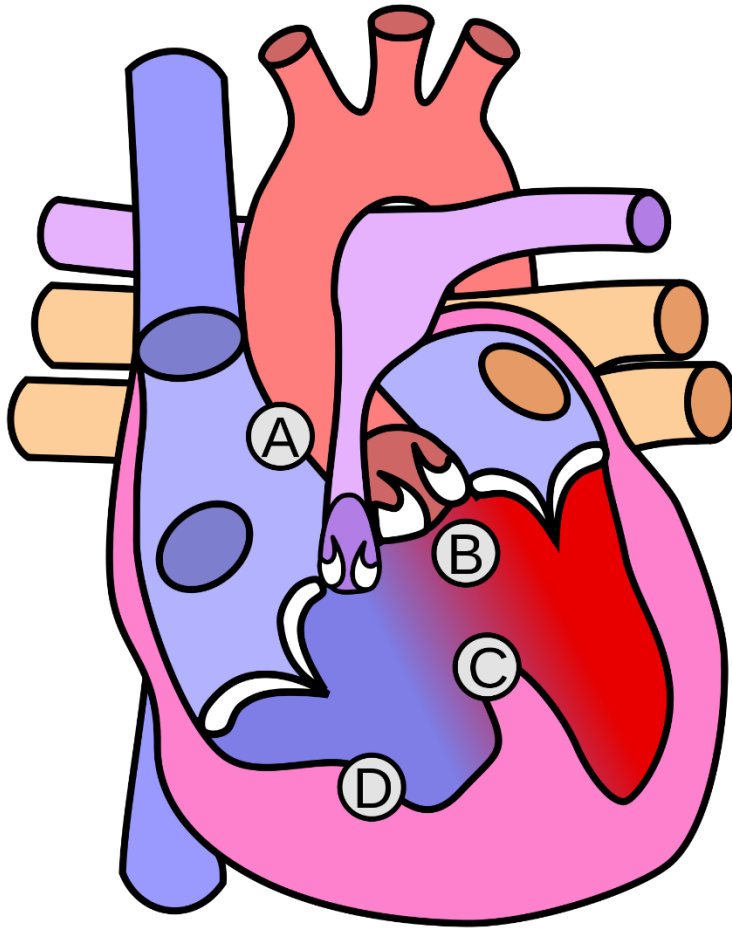
191. One of the following is component of TOF?

- a) ASD
- b) VSD
- c) Left ventricular hypertrophy
- d) Aortic stenosis
- e) Tricuspid stenosis

This is normal heart :



This is TOF :



TOF Have (See Letters In Image) :

A- Pulmonary Stenosis ..

B- Overriding aorta ..

C- Ventricular septal defect (VSD) ..

D- Right ventricular hypertrophy ..

192. Patient came with anterior MI + premature ventricular ectopy that indicate pulmonary edema, give Digoxin + diuretics + after-load reducer, what add?

- a) Amiodarone.
- b) Propranolol

193. Patient with rheumatic valvular disease, mitral orifice is 1cm what is the action to compensate that?

- a) Dilatation in the atrium with chamber hypertrophy
- b) Dilatation in the ventricle with chamber hypertrophy
- c) Atrium dilatation with decrease pressure of contraction
- d) Ventricle dilatation with decrease pressure of contraction

194. Very long scenario about mitral stenosis, the surface area of the valve I think was 0.7cm², what is the treatment?

- a) Medical treatment
- b) Percutaneous mitral valvuloplasty by balloon catheter
- c) **Mitral valve replacement**

Mitral Valve replacement is primarily indicated for patients with moderate or severe mitral stenosis (mitral valve less than 1.5 cm²) ..

195. All can cause secondary hyperlipidemia except:

- a) Hypothyroidism
- b) Alcoholism
- c) Nephrotic syndrome
- d) Estrogen therapy
- e) **Hypertension**

☐ **Explanation:** secondary hyperlipidemia causes: Diabetes mellitus, use of drugs such as diuretics, beta blockers, and estrogens, hypothyroidism, renal failure, Nephrotic syndrome, alcohol usage, and some rare endocrine and metabolic disorders.

196. Which of the following medications associated with QT prolongation?

- a) chlorpromazine
- b) **clozapine**
- c) haloperidol
- d) ziprasidone

I think this question “ All / except “

197. How can group A beta streptococci cause rheumatic heart disease?

- a) **When they cause tonsillitis/pharyngitis.**
- b) Via blood stream.
- c) Through skin infection.
- d) Invasion of the myocardium.

198. Pansystolic machinery murmur at left sternal border:

- a) Aortic stenosis
- b) Mitral stenosis
- c) **PDA**
- d) MR

199. Patient with heart failure and atrial fib on digoxin, what is the effect of digoxin

- a) **Slow ventricular rate**
- b) Same thing in cardiac out put

By slowing down the conduction in the AV node , digoxin can reduce the ventricular rate

200. Patient Obese , Smoker, High LDL, High triglycerides, Low HDL, past Hx of HTN but he didn't us his medications for the last 6 months, On Ex. BP=130/95 . for better survival correct :

- a) Smoking, Obesity, HDL

- b) Obesity, HTN, Cholesterol
- c) cholesterol obesity sedentary life style

201. Initial regulation of BP in vascular system occur at :

- a) Arterioles
- b) Aorta and its branches
- c) Heart
- d) **Capillaries**
- e) Vein and venules

202. Patient with hypertension, DM, smoking, which the following are most important to be deal with:

- a) **Obesity and HTN**
- b) Smoking and obesity
- c) Smoking and HTN

203. What is the most common cause of death in patients with Ludwig's angina?

- a) Sepsis
- b) **Sudden asphyxiation**
- c) Rupture of the wall

204. A 40 year old patient presented with history of syncope when he do exercise and on rest and chest pain. On Ex: There was ejection systolic murmur 2-4 degree on the lower left sternum not radiating and increases when he lie down and its nonspecific s and t changing and there is left atrium enlargement

- a) **Aortic stenosis**
- b) P.S
- c) Hypertrophic cardiomyopathy
- d) Constrictive cardiomyopathy

205. Patient had chest pain and fainting, ECG shows ST elevation and significant Q wave in -V4 and ST depression in inferior leads:

- a) **Ant. MI**
- b) Inf. MI
- c) Pericarditis
- d) Post. MI

206. A patient with normal kidney function post MI. The troponin level will last for:

- a) 48 h
- b) 73 h
- c) 24 h
- d) 12 h
- e) 8 h

207. Carvedilol is contraindicated with:

- a) thiazides
- b) **Diltazem (ca+2 channel blocker)**

208. Which of the following is given as a prophylaxis for arrhythmia after MI?

- a) Lidocaine
- b) Quinine
- c) Qunidine
- d) **Metoprolol**

209. Adult with pulseless QRS different shapes:

- a) Cardiac toxicity
- b) **LV dysfunction**

210. To differentiate between sinus arrhythmia and atrial fibrillation:

- a) Carotid massage
- b) Temporal artery massage
- c) Amiodarone
- d) Digoxin

211. Most common cause of death among Ludwig's angina patients is:

- a) Arrhythmia
- b) Asphyxiation

212. Patient came with gasping breath the pulse is weak and rapid what have to do:

- a) Start CPR

213. 60 year old man come to your clinic with history of chest pain after meals and at night before sleeping, the best initial investigation:

- a) Barium study
- b) UGID.
- c) Stress ECG.
- d) CXR.

☐ N.B: I thought of GERD and the initial diagnostic test for that is upper GI endoscopy but I could not recognize what UGID abbreviation stands for. That's why I selected C to rule out MI.

214. Patient presented with acute chest pain radiating to the back. The blood pressure is lower in the left arm compared to the right. The best diagnostic test is: (Aortic dissection case)

- a) CXR.
- b) ECG.
- c) Aortic Angiography. "gold standard"
- d) Echocardiography.

☐ N.B: the confirmatory test is Aortic Angiography but it's invasive and done before surgery. Transesophageal echocardiography (TEE) is very accurate with high sensitivity but they didn't specify in the choices whether it's transthoracic or trans-esophageal.

215. Patient had history of rheumatic fever. Few years later he developed mitral regurgitation. Longstanding MR will result in dilation of:

- a) RA.
- b) RV.
- c) LA. "dilation "
- d) LV. "hypertrophy"

216. Patient presented with SOB. He has Mitral stenosis (mitral valve area on echo is 1 cm²). The pathophysiology showed:

- a) Increased RV pressure and elevated pulmonary vascular resistance.
- b) Increased LV pressure and reduced pulmonary vascular resistance.
- c) Increase LA and LV pressure.
- d) Reduced RA and RV pressure.

217. MI patient 3 weeks post attack can't sleep. What to give?

- a) Imipramine
- b) Zolpidem
- c) SSRI

218. Very long scenario about middle age man (50 years) with family history of heart disease, active lifestyle, on self-induced diet with 50% fat, 35% protein and 15 % carbohydrates, table showing labs, elevated LDL, low HDL, elevated triglycerides and cholesterol, normal RFTs and all other labs.

- a) No risk of heart disease
- b) Heart disease risk can be avoided by taking statins
- c) Heart disease can be prevented by decreasing calorie intake

219. Male patient was advised to undergo Arterial Graft Bypass surgery at other clinic after having episode of pain in leg, now is asymptomatic. Came to you, Non-smoker, elevated cholesterol and early atherosclerotic plaques on some descending aortal branches. What will you advise:

- a) Undergo Bypass Grafting
- b) Take medication to prevent formation of Arterial plaques
- c) To undergo frequent arterial scans to see extent of disease

220. 55 year old male, c/o angina and syncope on exertion, normal ejection fraction, normal coronary arteries, there is only calcified aortic valve with total area < .75 cm, the rest of examination and investigations are normal, What is your management:

- a) Avoid exertion
- b) Medical therapy
- c) Aortic balloon dilation
- d) Aortic valve replacement

In adults, symptomatic severe aortic stenosis usually requires aortic valve replacement (AVR).

221. Patient comes with attack of Strep Throat, had history of previous attack (RF), what is his chance of getting RHD now?

- a) Nothing, he is immune due to previous infection.
- b) 100%
- c) Needs Immunoglobulin to prevent re-infection.
- d) 50% chance of re-infection.

☐ In the United States, rheumatic fever rarely develops before age 3 or after age 40 and is much less common than in developing countries, probably because antibiotics are widely used to treat streptococcal infections at an early stage. However, the incidence of rheumatic fever sometimes rises and falls in a particular area for unknown reasons. Overcrowded living conditions seem to increase the risk of

rheumatic fever, and heredity seems to play a part. In the United States, a child who has a streptococcal throat infection but is not treated has only a 0.4 to 3% chance of developing rheumatic fever. About half of the children who have had rheumatic fever develop it again after another streptococcal throat infection if it is not treated. Rheumatic fever follows streptococcal infections of the throat but not those of the skin (impetigo) or other areas of the body. The reasons are not known.

222. Established diagnosis of shock must include:

- a) Hypoxemia
- b) Hypotension
- c) Acidosis
- d) Increase vascular resistance
- e) Evidence of inadequate organ perfusion (FROM ATLS)

223. Male patient with auscultation , not clear , left sterna border , scratching sound , distended veins in neck, muffled heart sound :

- a) Cardiac tamponade
- b) pericarditis

224. What is the most common congenital heart disease associated with rheumatic heart disease?

- a) ASD
- b) VSD
- c) Coarctation of aorta

225. Heart receive blood through

- a) aorta constrict
- b) IVC dilate
- c) Increase pulmonary resistance

226. HTN with hyperaldosteronism?

- a) Spirolactone

227. Notching on the lower edges of the fourth to the ninth ribs indicate enlarged intercostal arteries eroding the lower border of the ribs in cases of?

- a) Coarctation of aorta “ 3 Sign “

228. Patient treated from endocarditis likely of recurrence:

- a) 12%

229. Patient with frothy hemoptysis, palpitation >long scenario

- a) Mitral stenosis
- b) Congestive heart failure
- c) CAD

230. Which one of the congenital heart dis. Have least complication with... I think endocarditis:

- a) ASD
- b) VSD
- c) PDA

231. Patient has DM2 and HTN on CCB + Metformin + Glyburide + Statin but still has high BP what is your advice:

- a) **Add ARBs**
- b) Increase CCB dose
- c) Start thiazide

232. Old man with S/S of right sided heart failure, which one of these can cause the symptoms without any changes in the heart chambers (hypertrophy/dilation)?

- a) Coxsackie B virus
- b) Valvular heart disease
- c) Alcohol
- d) AMYLOIDOSIS
- e) **constrictive pericarditis**

233. Drug that improve mortality in CHF:

- a) **Enalapril**

234. Most common cause of intra cerebral hemorrhage:

- a) ruptured aneurysm
- b) **Hypertension**
- c) Trauma

235. Patient with chest pain radiating to the jaw and arm...:

- a) **myocardial ischemia**

236. A long case about a young patient presented with pleuretic chest pain and decreased breath sound and chest movement on the right side. No history of trauma and an X-ray was given (the resolution was very bad and it wasn't clear. What is the next appropriate step:

- a) Reassurance
- b) Call 911
- c) **CT chest** " Spontaneous Pneumothorax "

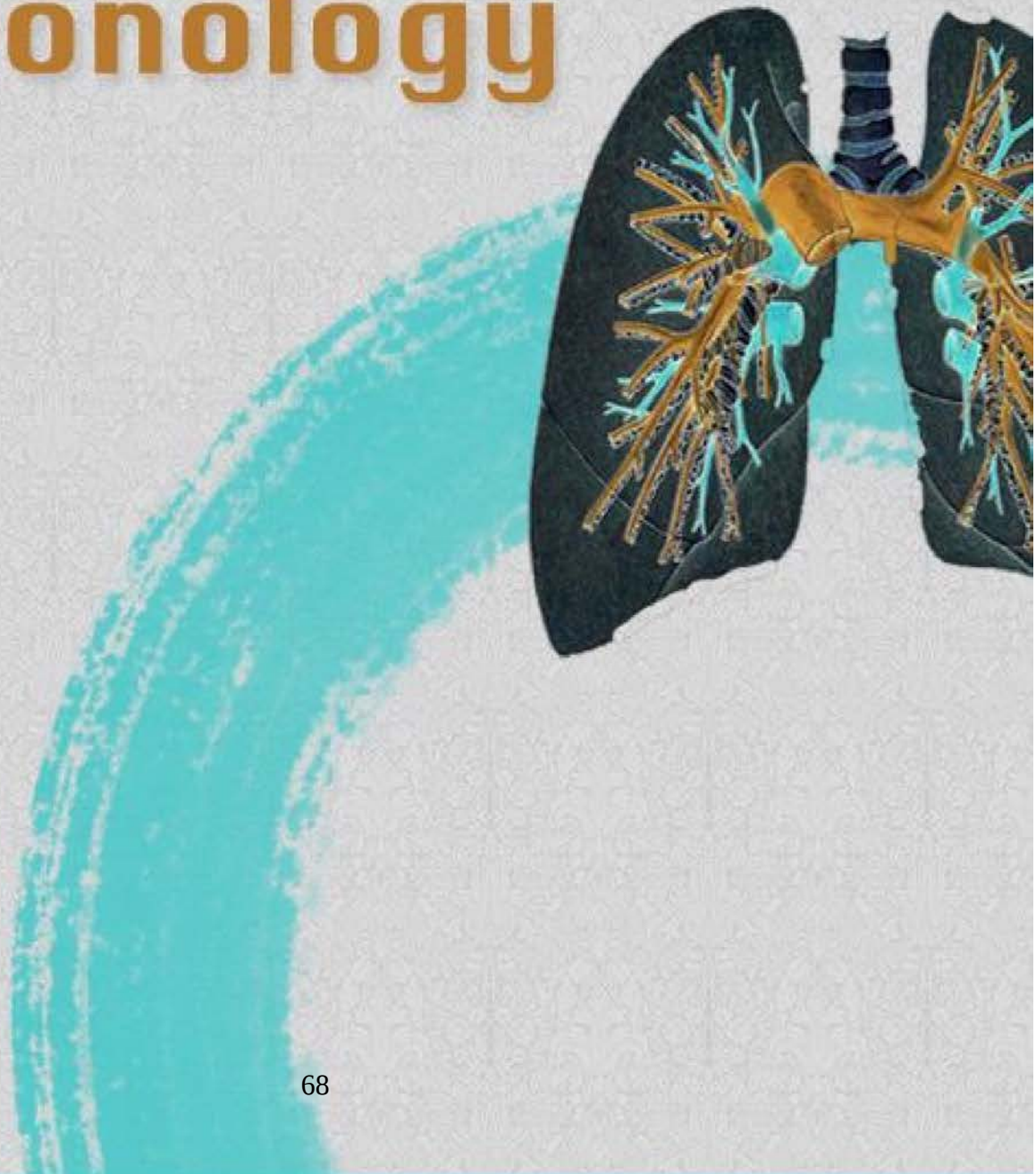
237. Regarding ischemic heart disease, which one of the following is true?

- a) Incidence is the number of all cases
- b) Prevalence is the number of new cases every year
- c) Hypertension is strongly related to ischemic heart disease
- d) Smoking is not related to IHD
- e) Smoking is related to IHD by single bivariable relation

Incidence is the number of new cases every year "How many people per year newly acquire this disease?"

Prevalence is the number of all cases "How many people have this disease right now?"

Pulmonology



1. Young patient with history of cough, chest pain, fever CXR showed right lower lobe infiltrate:

- a) **Amoxicillin**
- b) Cefuroxime
- c) Emipenim
- d) Ciprofloxacin

☐ **Explanation:** Lobar pneumonia is often due to *S. pneumoniae*. Amoxicillin is the drug of choice.

2. Best thing to reduce mortality rate in COPD:

- a) Home O2 therapy
- b) Enalapril
- c) **Stop smoking**

☐ **Explanation:** Cigarette smoking is the most important risk factor for COPD, and smoking cessation is, in most cases, the most effective way of preventing the onset and progression of COPD.

3. Patient with TB, had ocular toxicity symptoms & color blindness, the drug responsible is:

- a) INH
- b) Ethambutol
- c) Rifampicin
- d) **Streptomycin**

Ethambutol ==> Eyes ==> Optic neuritis, Blindness ..

Rifampicin ==> Orange urine ..

Isoniazid " INH " ==> Peripheral neuritis ==> Vitamin B6 " Pyridoxine " ..

Pyrazinamide ==> Hepatotoxicity..

Streptomycin ==> Nephrotoxicity & irreversible ototoxicity ...

All cause hepatitis Except Ethambutol & Streptomycin ..

4. Patient treated for TB started to develop numbness, the vitamin deficient is:

- a) Thiamin
- b) Niacin
- c) **Pyridoxine**
- d) Vitamin C

☐ **Explanation:** INH: peripheral neuritis and hepatitis. so add (B6 pyridoxine) for peripheral neuritis

5. 17 years old patient with dyspnoea PO_2 , PCO_2 , X-ray normal PH increased so diagnosis is:

- a) Acute attack of asthma
- b) PE
- c) Pneumonia
- d) pneumothorax

if it mild !

6. The most common cause of community acquired pneumonia:

- a) Haemophilus influenza
- b) Streptococcus pneumonia
- c) Mycoplasma
- d) Klebsiella

7. Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver, what is the diagnosis?

- a) Group A strep
- b) EBV(INFECTIOUS MONONUCLEOSIS)

☐ **Explanation:** Viral pharyngitis due to EBV presented with enlarged tonsil with exudates and petechii on soft palate and enlargement of uvula and sometimes present with tender splenomegaly.

8. Young patient on anti TB medication presented with vertigo which of the following drug cause this

- a) Streptomycin
- b) Ethambutol
- c) Rifampicin

☐ **Explanation:** streptomycin causes ototoxicity & nephrotoxicity

9. Well known case of SCD presented by plueritic chest pain, fever, tachypnea and respiratory rate was 30, oxygen saturation is 90 % what is the diagnosis?

- a) Acute chest syndrome
- b) Pericarditis
- c) VOC

- **Explanation:** The correct answer is a or pneumonia would be more correct if it was the answer
- Acute chest syndrome is noninfectious vaso-occlusive crisis of pulmonary vasculature presented with chest pain, fever, tachypnea and hypoxemia

10. Child with atopic dermatitis at night has stridor plus barking cough on & off from time to time, diagnosis is

- a) BA
- b) Croup
- c) Spasmodic Croup

- **Explanation:** Spasmodic croup: recurrent sudden upper airway obstruction which present as stridor and cough.
- Approximately 50% of children have atopic disease.

11. Patient with asthma, well controlled by albuterol, came complaining of asthma symptoms not respond to albuterol, what medication could be added?

- a) **Corticosteroid inhaler**
- b) Long acting B-agonist
- c) Oral corticosteroid
- d) Theophylline

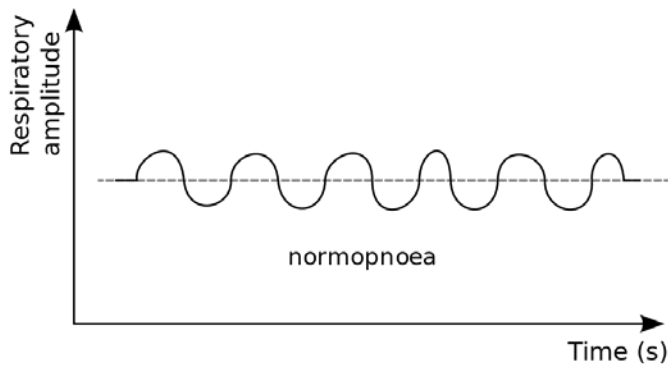
☐ **Explanation:** Asthma stepwise therapy: in step 2 to add ICS to control asthma

12. An old patient with history of cerebrovascular disease & Ischemic heart disease, presents with a pattern of breathing described as: a period of apnea followed by slow breathing which accelerates & becomes rapid with hyperpnea & tachycardia then apnea again. What is this type of breathing?

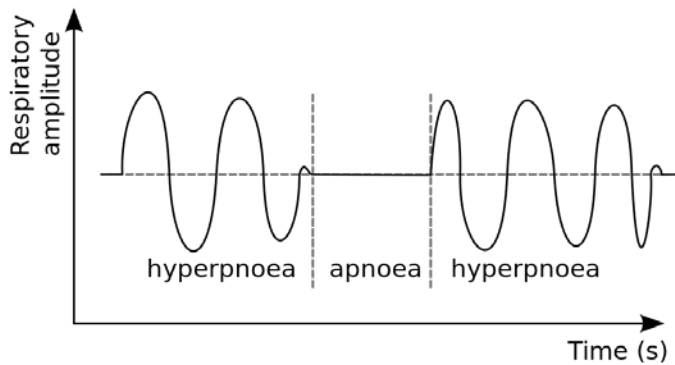
- a) Hippocrates
- b) **Chyene-stokes breathing**
- c) Kussmaul breathing
- d) One type beginning with O letter and contains 3 letters only

☐ **Explanation:**

- **Chyene-stokes respiration** : rapid deep breathing phase followed by period of apnea , present with heart failure, stroke, brain trauma, also can be with sleep or high altitude
- **Kusmmaul's breathing:** rapid and deep breathing. present with metabolic acidosis particularly in diabetic ketoacidosis



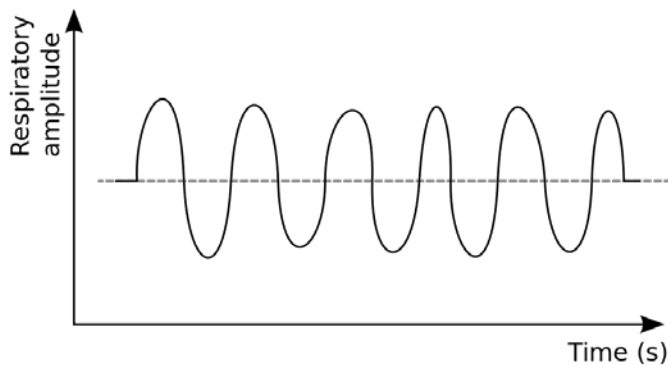
Normal respiration



Biot's respiration

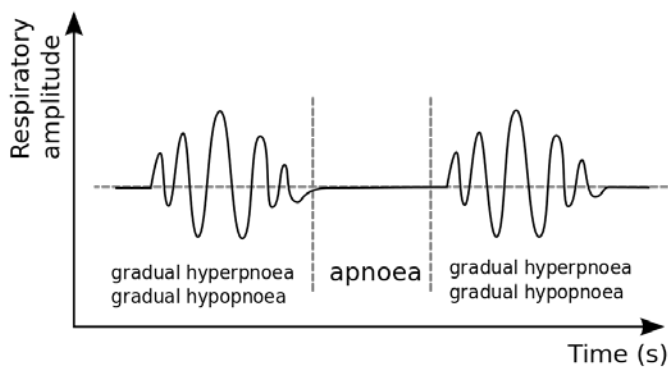
aka ataxic respiration

- Periodic breathing: hyperpnoea (or normopnoea) and apnoea
- Poor prognosis
- Neuron damage



Kussmaul breathing

- Metabolic acidosis (Diabetes mellitus)
 - Hyperpnoea
- K = Ketones (Diabetic ketoacidosis)
 U = Uremia
 S = Sepsis
 S = Salicylates
 M = Methanol
 A = Aldehydes
 (U)
 L = Lactic acid/Lactic acidosis



Cheyne-Stokes respiration

- Periodic breathing: Gradual hyperpnoea/hypopnoea and Apnoea
- Sleep/Hypoxemia/Drugs
- Hypoperfusion of the brain (respiratory center)

13. Rheumatic fever patient has streptococcal pharyngitis risk to develop another attack

- a) Times more than normal
- b) 100%
- c) **50%**

14. The most common cause of croup is:

- a) **Parainfluenza**
- b) Influenza

15. Young male had pharyngitis then cough & fever, what is the most likely organism?

- a) staph aureus
- b) **Streptococcus pneumonia**

16. 17 years old male with history of mild intermittent asthma attacks occur once or twice weekly in the morning and no attacks at night. What should be the initial drug to give?

- a) **Inhaled short acting B2 agonist as needed**
- b) Inhaled high dose corticosteroid as needed
- c) Oral steroid
- d) Ipratropium bromide

17. Case scenario about bronchial carcinoma, which is true:

- a) The most common cancer in females
 - b) Squamous cell carcinoma spreads faster
 - c) **Adenocarcinoma is usually in the upper part**
 - d) Elevation of the diaphragm on the x-ray means that the carcinoma has metastasize outside the chest
 - e) Bronchoscopy should be done
- Most common tumor in females is breast tumors
 - Squamous cell carcinoma ==> Smoking ==> Slow growth ..
 - Adenocarcinoma usually located peripherally, so upper part could be correct
 - Bronchoscopy is often used to sample the tumor for histopathology, so it could be correct also

18. 39 years old HIV patient with TB receive 4 drugs of treatment after one month:

- a) Continue 4 drugs for 1 years
 - b) **Continue isoniazide for 9 months**
 - c) Continue isoniazide for 1 year
- According to various guideline committees, the standard duration of therapy for drug-susceptible TB, regardless of HIV status, should be six months; this includes two months of isoniazid (INH), a rifamycin (eg, rifampin or rifabutin), pyrazinamide, and ethambutol followed by isoniazid and a rifamycin for four additional months
 - When to prolong therapy — The duration of TB therapy is longer in specific clinical situations, regardless of HIV status:
 - For those patients with cavitary disease and positive sputum cultures after two months of treatment, the duration of isoniazid and rifampin treatment should be extended by three months for a total of nine months of treatment
 - For patients with bone, joint, or CNS disease, many experts recommend 9 to 12 months of therapy.

- For all other patients with extrapulmonary disease, the recommended treatment is two months of four-drug therapy followed by four months of isoniazid and rifampicin.
- The duration of therapy is also generally longer in patients with drug-resistant TB. HIV-infected patients with MDR TB should be treated for 24 months after conversion of sputum culture to negative. After the cessation of therapy, patients should be examined every four months for an additional 24 months to monitor for evidence of relapse.

19. Child has history of URTI for few days. He developed barking cough and SOB. Your diagnosis is:

- a) Foreign body inhalation
- b) Pneumonia
- c) **Croup**
- d) Pertussis

20. Asthma case what drug is prophylactic:

- a) **B2 agonist**
- b) theophylline
- c) oral steroid

21. Male patient working in the cotton field, presented with 3 weeks history of cough. CXR showed bilateral hilar lymphadenopathy and biopsy (by bronchoscopy) showed non-caseating granuloma. What's your diagnosis?

- a) **Sarcoidosis**
- b) Amyloidosis
- c) Histiocytosis
- d) Berylliosis
- e) Pneumoconiosis

- **A or E**
- Non-caseating granuloma support Sarcoidosis
- Pneumoconiosis is an occupational & a restrictive lung disease caused by the inhalation of dust, depending on the dust type the disease is given its names, in cotton case it is called 'Byssinosis'
- ☐ Bilateral hilar lymphadenopathy present in stage I Sarcoidosis

22. Patient with untreated bronchogenic carcinoma has dilated neck veins, facial flushing, hoarseness and dysphagia (SVC syndrome). CXR showed small pleural effusion. What's your immediate action?

- a) Consult cardiologist for pericardiocentesis
- b) Consult thoracic surgeon for Thoracocentesis
- c) **Consult oncologist**

He has a pancoast tumor complicated to SVC obstruction ..

23. Patient with typical finding of pleural effusion management :

- a) **Chest tube**

Chest Tube is used to remove air (pneumothorax) or fluid (pleural effusion, blood, chyle), or pus (empyema) from the intrathoracic space.

24. Old patient with DM2, emphysema & non community pneumonia, Best to give is:

- a) **Pneumococcal vaccine & influenza vaccine now**
- b) Pneumococcal vaccine & influenza vaccine 2 weeks after discharge
- c) Pneumococcal vaccine & influenza vaccine 4 weeks after discharge
- d) influenza vaccine only
- e) Pneumococcal vaccine only

There is no contraindication for use of either pneumococcal or influenza vaccine immediately after an episode of pneumonia but is often recommended at discharge ..

25. Radiological feature of miliary TB:

- a) Pleural effusion
- b) **3-4 diffuse nodules**
- c) Small cavities

☐ **Explanation:** The classic radiographic findings of evenly **distributed diffuse small 2–3-mm nodules**, with a **slight lower lobe predominance**, are seen in **85% of cases of miliary TB**

26. Patient presented with sudden chest pain and dyspnea, tactile vocal fremitus and chest movement is decreased, by x-ray there is decreased pulmonary marking in left side, what is the diagnosis? a)

Atelectasis of left lung

- b) **Spontaneous pneumothorax**
- c) Pulmonary embolism

27. Patient ingest amount of aspirin shows nausea, vomiting & hyperventilation, what is the diagnosis?

- a) Metabolic Alkalosis and respiratory alkalosis
- b) Metabolic acidosis and respiratory acidosis
- c) **Respiratory alkalosis and Metabolic Acidosis**
- d) Respiratory alkalosis and respiratory acidosis

☐ **Explanation:** Salicylate ingestion causes metabolic acidosis (from lactate, ketones) + respiratory alkalosis due to stimulation of CNS respiratory center

28. A 20 years old male who is a known asthmatic presented to the ER with shortness of breath. PR 120, RR 30, PEFR 100/min. Examination revealed very quiet chest. What is the most probable management?

- a) **Nubelized salbutamol**
- b) IV aminophylline
- c) Pleural aspiration
- d) Hemlich maneuver
- e) Chest drain

29. Patient is a known case of moderate intermittent bronchial asthma. He is using ventoline nebulizer. He develops 3 attacks per week. The drug to be added is: (incomplete Q)

- a) Increase prednisolone dose
- b) **Add long acting B agonist**
- c) Add Ipratropium
- d) IV aminophylline

☐ **Explanation:** I don't know if the question right or wrong but by asthma stepwise if the patient on ventolin and the asthma not controlled (partially controlled 3 attacks per week) then to add low dose ICS

TYPE	SYMPTOMS (DAY/NIGHT)	FEV ₁	MEDICATIONS
Mild intermittent	≤ 2 days/week ≤ 2 nights/month	≥ 80%	No daily medications. PRN short-acting bronchodilator.
Mild persistent	> 2/week but < 1/day > 2 nights/month	≥ 80%	Daily low-dose inhaled corticosteroids. PRN short-acting bronchodilator.
Moderate persistent	Daily > 1 night/week	60–80%	Low- to medium-dose inhaled corticosteroids + long-acting inhaled β ₂ -agonists.
Severe persistent	Continual, frequent	≤ 60%	High-dose inhaled corticosteroids + long-acting inhaled β ₂ -agonists. Possible PO corticosteroids. PRN short-acting bronchodilator.

30. One of the following is true about the home treatment of COPD:

- a) **Give O₂ if SaO₂ is less than 88%**
- b) Give O₂ if SaO₂ is 88-95%
- c) Give O₂ at night (nocturnal) only

☐ **Explanation:**

- Acute COPD → Give O₂ till reach 88-92%
- Chronic COPD → Give O₂ if SaO₂ < 88 %

31. Elderly male patient who is a known case of debilitating disease presented with fever, productive cough, and sputum culture showed growth of Gram negative organisms on a buffered charcoal yeast agar.

What is the organism?

- a) Mycoplasma pneumoniae
- b) Klebsiella pneumoniae
- c) Ureaplasma
- d) **Legionella**

☐ **Explanation:** Buffered charcoal yeast extract (BCYE) agar is a selective growth medium used to culture or grow certain bacteria, particularly the Gram-negative species Legionella pneumophila

41

32. 27 years old girl came to the ER, she was breathing heavily, RR 20/min. She had numbness & tingling sensation around the mouth & tips of the fingers. What will you do?

- a) Let her breath into a bag
- b) **Order serum electrolytes**
- c) First give her 5ml of 50% glucose solution

33. Patient with lung cancer and signs of pneumonia, what is the most common organism?

- a) Klebsiella
- b) Chlamydia
- c) **Streptococcus**
- d) Suayionhigella

☐ **Explanation:** the primary respiratory infections in early phase (non-immunocompromised phase) include those caused by pathogens common to the general public. The predominant organisms are Streptococcus pneumonia, Haemophilus influenza, and community-acquired respiratory viruses

34. Patient 18 years old admitted for ARDS and developed hemothorax. What is the cause?

- a) Central line insertion
- b) **High negative pressure**
- c) High oxygen

Barotrauma is a well-recognized complication of mechanical ventilation.

Although most frequently encountered in patients with the acute respiratory distress syndrome (ARDS) and can occur in any patient receiving mechanical ventilation.

35. COPD patient with emphysema has low oxygen prolonged chronic high CO₂, the respiratory drive maintained in this patient by:

- a) **Hypoxemia**
- b) Hypercapnia
- c) Patient effort voluntary

☐ **Explanation:** The respiratory drive is normally largely initiated by PaCO_2 but in chronic obstructive pulmonary disease (COPD) hypoxia can be a strong driving force and so if the hypoxia is corrected then the respiratory drive will be reduced. There will also be a loss of physiological hypoxic vasoconstriction

36. The most common cause of cough in adults is

- a) Asthma
- b) GERD
- c) Postnasal drip

Something missing in question ! is it chronic cough or acute cough ?!

If it acute cough then something missing in D choice which is true ..

The most common cause of an acute or subacute cough is a viral respiratory tract infection ..

If it chronic cough the 3 they talk about its true but the most common of chronic cough is postnasal drip ..

37. Patient has fever, night sweating, bloody sputum, weight loss, PPD test was positive. X-ray shows infiltrate in apex of lung , PPD test is now reactionary , diagnosis

- a) Activation of primary TB
- b) sarcoidosis
- c) Case control is
- d) Backward study

☐ **Explanation:** The tuberculosis skin test is a test used to determine if someone has developed an immune response to the bacterium that causes tuberculosis.

38. Best early sign to detect tension pneumothorax :

- a) Tracheal shift
- b) Distended neck veins
- c) Hypotension

Shifting of Trachea become late signs of Tension pneumothorax ..

Tachycardia, Tachypnea, Cyanosis and Hypotension are early signs ..

Reduced chest movement, reduce breath sounds and resonant percussion on affected side with thats early signs all indicate to tension pneumothorax ..

Also, Neck vein may not be distended in presence of hypovolemia ..

So, I want to see D if it something not co-related i will choose C ..

39. Holding breath holding, which of the following True?

- a) Mostly occurs between age of 5 and 10 months
- b) Increase Risk of epilepsy
- c) A known precipitant cause of generalized convulsion
- d) Diazepam may decrease the attack

- **Breath holding spells** are the occurrence of episodic apnea in children, possibly associated with loss of consciousness, and changes in postural tone.
- Breath holding spells occur in approximately 5% of the population with equal distribution between males and females. They are most common in children **between 6 and 18 months** and usually not present after 5 years of age. They are unusual before 6 months of age. A positive family history can be elicited in 25% of cases.
- They may be confused with a seizure disorder. They are sometimes observed in response to frustration during disciplinary conflict.

40. 58 years old male patient came with history of fever, cough with purulent foul smelling sputum and CXR showed: fluid filled cavity, what is the most likely diagnosis is?

- a) Abscess
- b) TB
- c) Bronchiectasis

41. what is the meaning of difficulty breathing:

- a) Dyspnea
- b) Tachycardia

42. Obese 60 year lady in 5th day post cholecystectomy, she complains of SOB & decreased BP 60 systolic, on examination unilateral swelling of right Leg, what is the diagnosis?

- a) Hypovolemic shock
- b) septic shock
- c) Pulmonary embolism
- d) MI
- e) Hag. Shock

She have many risk factors to develop DVT: She obese lady in old age do surgical operation and she not move " prolong rest " ..

The Complication of DVT is PE ..

43. 55 years old male with COPD complains of 1 week fever, productive cough, on CXR showed left upper pneumonia and culture of sputum shows positive haemophilus influenza, what is the treatment?

- a) Penicillin
- b) Doxycycline

- c) **Cefuroxime**
- d) Gentamycin
- e) Carbenicillin

☐ **Explanation:** 2nd generation cephalosporin used in respiratory infections “H. influenza and M. catarrhalis”

44. Klebsiella faecalis cause the following disease:

- a) Pneumonia

☐ **Explanation:** There is no klebsiella faecalis!

- Klebsiella pneumoniae
- Klebsiella ozaenae
- Klebsiella rhinoscleromatis
- Klebsiella oxytoca
- Klebsiella terrigena
- Klebsiella ornithinolytica

45. Hemoptysis, several month PPD positive, taken all vaccination, X-ray showed apical filtration, PPD test has been done again, it came negative, diagnosis:

- a) Sarcoidosis
- b) Primary old TB
- c) Mycoplasma

may be third stage of sarcoidosis which PPT may be falsely negative with it or reactivation of TB ..

46. For close contact with TB patients, what do you need to give:

- a) Immunoglobulin
- b) Anti-TB
- c) Rifampin
- d) **INH**

☐ **Explanation:** TB preventive therapy

- **INH-sensitive:** INH for 6-9 months
- **HIV +ve:** INH for 9 months
- **INH-resistant:** Rifampicin for 4 months

47. An outbreak of TB as a prophylaxis you should give :

- a) Give BCG vaccine
- b) **Rifampicin**
- c) Tetracycline
- d) H. influenza vaccine

☐ **Explanation:** if there is INH it is the best answer and if they mean by outbreak INH-resistant then the answer is Rifampin

48. Patient sustained a major trauma presented to ER the first thing to do:

- a) Open the air way give 2 breath
- b) Open the airway remove foreign bodies
- c) Give 2 breath followed by chest compression
- d) Chest compression after feeling the pulse

49. Patient with 3 weeks history of shortness of breath with hemoptysis the appropriate investigation is:

- a) CXR,AFB,ABG
- b) CXR, PPD, AFB
- c) CT,AFB,ABG

☐ **CXR, PPD, AFB** "Ziehl Neelsen stain", These are the basic investigations for TB patient.

50. Treatment of community acquired pneumonia:

- a) Azithromycin
- b) Ciprofloxacin
- c) Gentamicin
- d) Tetracycline

51. Patient had fever in the morning after he went through a surgery, what's your diagnosis?

- a) Atelectasis
- b) Wound infection
- c) DVT
- d) UTI

☐ **Explanation:** Postoperative atelectasis generally occurs within 48 hours

52. The best prophylaxis of DVT in the post-op patient (safe and cost-effective):

- a) LMWH
- b) Warfarin
- c) Aspirin
- d) Unfractionated heparin

53. 3 years old presented with shortness of breath and cough at night which resolved by itself in 2 days. He has Hx of rash on his hands and allergic rhinitis. he most likely had

- a) Croup
- b) Bronchial asthma
- c) Epiglottitis

54. Pediatric came to you in ER with wheezing, dyspnea, muscle contraction (most probably asthma), best to give initially is :

- a) Theophylline
- b) Albuterol nebulizers

- c) oral steroids

55. Prophylaxis of Asthma:

- a) oral steroid
- b) **Inhaler steroids**
- c) inhaler bronchodilator B agonists

56. Smoking withdrawal symptoms peak at:

- a) 1-2 days
- b) **2-4 days**
- c) 7 days
- d) 10-14 days

☐ **Explanation:** Symptoms of nicotine withdrawal generally start within 2 - 3 hours after the last tobacco use, and will peak about 2 - 3 days later

57. 6 months with cough and wheezy chest .Diagnosis is (incomplete Q)

- a) Asthma
- b) **Bronchiolitis**
- c) Pneumonia
- d) F.B aspiration

58. Physiological cause of hypoxemia:

- a) Hypoventilation
- b) Improper alveolar diffusion
- c) Perfusion problem (V/Q mismatch)
- d) Elevated 2.3 DPG

Causes of hypoxemia :

1- High Altitude ..

2- Diffusion ..

3- Hypoventilation ..

4- Shunting ..

5- V/Q mismatch (which is most common form) ..

All respond to O2 except shunt ..

So, i think the question is all except ..

59. Child with asthma use betamethazone, most common side effect is:

- a) Increase intraocular pressure “ **small risk have glaucoma**”
- b) Epilepsy
- c) **Growth retardation**

60. The effectiveness of ventilation during CPR is measured by:

- a) **Chest rise**
- b) Pulse oximetry
- c) Pulse acceleration

61. The respiratory distress syndrome after injury is due to :

- a) Pneumothorax
- b) Aspiration
- c) **Pulmonary edema**
- d) Pulmonary embolus
- e) None of the above

62. Interstitial lung disease, All true except:

- a) Insidious onset exertional dyspnea.
- b) Bibasilar inspiratory crepitations in physical examination.
- c) **Hemoptysis is an early sign**
- d) Total lung volume is reduced

☐ **Explanation:** All patients with interstitial lung diseases develop **exertional dyspnea** and **non-productive cough**. The examination revealed typical **coarse crackles** and evidence of **pulmonary hypertension**. PFTs show evidence of restrictive pattern (decrease volumes)

63. Regarding moderately severe asthma, all true except:

- a) $PO_2 < 60\text{mmHg}$
- b) $PCO_2 > 60\text{ mm Hg}$, early in the attack
- c) Pulsus Paradoxus
- d) IV cortisone help in few hours

- **Explanation:** A typical arterial gas during an acute uncomplicated asthma attack reveals normal PaO_2 , low $PaCO_2$ and respiratory alkalosis. Hypoxemia in a PaO_2 range of 60 to 80 mm Hg frequently is found even in moderately severe asthma.²⁴ However; a $PaO_2 < 60\text{ mm Hg}$ may indicate severe disease.
- Hypoxemia is due to ventilation perfusion mismatching, whereas low $PaCO_2$ is a result of hyperventilation.
- A progressive increase in $PaCO_2$ is an early warning sign of severe airway obstruction in a child with respiratory muscle fatigue, so the answer ($PCO_2 > 60\text{ mm Hg}$ “early attack”) is clearly **WRONG** as this may happen late in the attack of asthma
- The answer ($PO_2 < 60\text{ mm Hg}$) **CAN BE CONSIDERED WRONG**. As usually the PO_2 goes below 60 in **SEVERE ASTHMA** rather than a **MODERATLY- SEVERE ASTHMA**

64. What is the simplest method to diagnose fractured rib?

- a) **Posterionterior ray**
- b) Lateral x-ray

- c) Tomography of chest
- d) Oblique x-ray

65. Air bronchogram is characteristic feature of:

- a) Pulmonary edema
- b) Hyaline membrane disease
- c) Lobar Pneumonia
- d) Lung Granuloma

☐ # I Think this all except which is not feature of D ..

66. The most specific investigation for pulmonary embolism is:

- a) Perfusion scan
- b) X-ray chest
- c) Ventilation scan
- d) Pulmonary angiography

☐ # Pulmonary angiogram is gold standard but invasive and technically difficult ..

67. A 62 years old male known to have BA. History for 1 month on bronchodilator & beclomethasone had given theophylline. Side effects of theophylline is:

- a) GI upset
- b) Diarrhea
- c) Facial flushing
- d) Cardiac arrhythmia

☐ **Explanation:** The most common side effects are **cardiac arrhythmia, anxiety, tremors, tachycardia & seizures. Always monitor ECG**

68. History of recurrent pneumonia, foul smelling sputum with blood and clubbing, what is the diagnosis?

- a) Bronchiectasis
- b) Pneumonia
- c) Lung Abscess
- d) COPD

☐ **Explanation:** Clinical features of Bronchiectasis are recurrent pneumonia because of the dilated bronchi so there's a reduction in the ability of the clearance of secretions and pathogens from the airways. The sputum is copious and could foul smell and the patients would have clubbing. A lung abscess also causes clubbing and foul smelling sputum but if properly treated why it would recur. COPD has frequent infective exacerbations but doesn't cause clubbing. Pneumonia is an acute process and no clubbing occurs.

69. In mycoplasma pneumonia, there will be:

- a) Positive cold agglutinin titer

b) Lobar consolidation

☐ **Explanation:** Both are correct! Positive cold agglutinin titer occurs in 50-70% of patients and lobar consolidation may also be present but rare.

70. A 30 years old man presents with shortness of breath after a blunt injury to his chest, RR 30 breaths/min, CXR showed complete collapse of the left lung with pneumothorax, mediastinum was shifted to the right. The treatment of choice is:

- a) **Chest tube insertion**
- b) Chest aspiration
- c) Thorocotomy and pleurectomy
- d) IV fluids & O2 by mask
- e) Intubation

If hemodynamic stable the treatment of choice is aspiration but if hemodynamic instability chest tube insertion is the choice

71. Right lung anatomy, which one true :

- a) Got 7 segment
- b) **2 pulmonary veins**
- c) No relation with azygous vein

72. Patient in ER: dyspnea, right sided chest pain, engorged neck veins and weak heart sounds, absent air entry over right lung. Plan of treatment for this patient:

- a) IVF, Pain killer, O2
- b) Aspiration of Pericardium
- c) Respiratory Stimulus
- d) Intubation
- e) **Immediate needle aspiration, chest tube**

☐ **Explanation:**

Symptoms and signs of tension pneumothorax may include the following:

- Chest pain (90%), Dyspnea (80%), Anxiety, Acute epigastric pain (a rare finding), Fatigue
- Respiratory distress (considered a universal finding) or respiratory arrest
- Unilaterally decreased or absent lung sounds (a common finding; but decreased air entry may be absent even in an advanced state of the disease)
- Adventitious lung sounds (crackles, wheeze; an ipsilateral finding)
- Lung sounds transmitted from the non affected hemithorax are minimal with auscultation at the midaxillary line
- Tachypnea; bradypnea (as a preterminal event)
- Hyperresonance of the chest wall on percussion (a rare finding; may be absent even in an advanced state of the disease)
- Hyperexpansion of the chest wall
- Increasing resistance to providing adequate ventilation assistance
- Cyanosis (a rare finding)

- Tachycardia (a common finding)
- Hypotension (should be considered as an inconsistently present finding; while hypotension is typically considered as a key sign of a tension pneumothorax, studies suggest that hypotension can be delayed until its appearance immediately precedes cardiovascular collapse) ➤ Pulsus paradoxus & Jugular venous distension

73. Which of the following radiological features is a characteristic of miliary tuberculosis:

- a) Sparing of the lung apices
- b) Pleural effusion
- c) Septal lines
- d) Absence of glandular enlargement
- e) **Presence of a small cavity**

☐ **Explanation :** typically would show glass ground appearance

74. A 24 years old woman develops wheezing and shortness of breath when she is exposed to cold air or when she is exercising. These symptoms are becoming worse. Which of the following is the prophylactic agent of choice for the treatment of asthma in these circumstances?

- a) **Inhaled β_2 agonists**
- b) Oral aminophylline
- c) Inhaled anticholinergics
- d) Oral antihistamines
- e) Oral corticosteroids

75. Which one of the following regimens is the recommended initial treatment for most adults with active tuberculosis?

- a) A two-drug regimen consisting of isoniazid (INH) and rifampin (Rifadin).
- b) A three-drug regimen consisting of isoniazid, rifampin, and ethambutol (Myambutol).
- c) **A four-drug regimen consisting of isoniazid, rifampin, pyrazinamide and ethambutol**
- d) No treatment for most patients until infection is confirmed by culture
- e) A five-drug regimen consisting of Isoniazid, Rifampicin, pyrazinamide, ethambutol and ciprofloxacin

76. 55 years old male presented to your office for assessment of chronic cough. He stated that he has been coughing for the last 10 years but the cough is becoming more bothersome lately. Cough productive of mucoid sputum, occasionally becomes purulent. Past history: 35 years history smoking 2 packs per day. On examination: 124 kg, wheezes while talking. Auscultation: wheezes all over the lungs. The most likely diagnosis is:

- a) Smoker's cough
- b) Bronchiectasis
- c) Emphysema
- d) **Chronic bronchitis**
- e) Fibrosing alveolitis

☐ **Explanation:** An elderly male with a long history of heavy smoking and change in character of cough is chronic bronchitis which is a clinical diagnosis (cough for most of the days of 3 months in at least 2

consecutive years). Emphysema is a pathological diagnosis (dilatation and destruction beyond the terminal bronchioles). Fibrosing alveolitis causes dry cough.

77. 25 years old man had fixation of fractured right femur. Two days later he became dyspnic, chest pain and hemoptysis. ABG:-pH: 7.5, PO₂:65,PCO₂: 25, initial treatment is:

- a) Furosemide
- b) Hydrocortisone
- c) Bronchoscopy
- d) **Heparin**
- e) Warfarin

☐ **Explanation:** After fracture, fixation (immobile), dyspnea means pulmonary embolism. You start treatment by heparin for a few days then warfarin.

78. All of the following are true about pulmonary embolism, except:

- a) **Normal ABG**
- b) Sinus tachycardia is the most common ECG finding.
- c) Low plasma D-dimer is highly predictive for excluding PE.
- d) Spiral CT is the investigation of choice for diagnosis.
- e) Heparin should be given to all pts with high clinical suspicion of PE.

☐ **Explanation:** Arterial blood gas determinations characteristically reveal hypoxemia, hypocapnia, and respiratory alkalosis

79. In a child with TB, all is found EXCEPT:

- a) History of exposure to a TB patient.
- b) Chest x-rays findings.
- c) Splenomegaly.
- d) Positive culture from gastric lavage.

☐ **all are correct**

80. All indicate severity of bronchial asthma ,EXCEPT

- a) Intercostal and supraclavicular retraction
- b) Exhaustion
- c) **PO₂ 60 mmHg**
- d) PO₂ 60 mmHg +PCO₂ 45 mmHg
- e) Pulsus paradoxus> 20mmHg

☐ **Explanation:** Severe: PEFR<60%, Sa O₂ <90%, PO₂<60, PCO₂ >45, dyspnea at rest, inspiratory & expiratory wheezes, accessory muscle use , pulsus paradoxus>25 mmHg

81. Patient came with scenario of chest infection, first day of admission he treated with cefotaxime, next day, patient state became bad with decrease perfusion and x-ray show complete right Side hydrothorax, causative organism:
- a) Streptococcus pneumonia
 - b) Staph. Aureus
 - c) Haemophilus influenza
 - d) Pseudomonas

82. which of the following treatment is contraindicated in asthmatic patient:

- a) Non-selective B blocker

83. Which of the following shift the O₂ dissociation curve to the right?

- a) Respiratory alkalosis
- b) Hypoxia
- c) Hypothermia

"CADET" for high CO₂, pH Acid, high "2,3-DPG", high Exercise and high Temperature ..

D is true ..

84. 3 years old his parents has TB as a pediatrician you did PPD test after 72 hr you find a 10mm indurations in the child this suggest:

- a) Inconclusive result
- b) Weak positive result
- c) Strong positive result

☐ # persons with recent contacts with a TB patient have 5mm or more become more positive ..

85. Best way to secure airway in responsive multi-injured patient is

- a) Nasopharyngeal tube

Tracheal tube

86. Old patient with sudden onset of chest pain, cough and hemoptysis, ECG result right axis deviation and right bundle branch block , what is the diagnosis

- a) MI
- b) Pulmonary embolism

☐ **Explanation:** ECG in PE: sinus tachycardia, right axis deviation, P pulmonale, RBBB, S1Q3T3, and T wave inversion V1-V4

87. PPD positive, CXR negative : (incomplete Q)

- a) INH for 6 months

- b) INH and rifampicin for 9
- c) reassurance

88. Patient developed dyspnea after lying down for 2 hours, frothy sputum stained with blood, +ve hepatojugular reflux, +1 leg edema, oncotic pressure higher than capillary 25% edema is:

- a) Interstitial
- b) Venous
- c) Alveolar
- d) Capillary

89. The chromosome of cystic fibrosis:

- a) Short arm of chromosome 7
- b) Long arm of chromosome 7
- c) Short arm of chromosome 8
- d) Long arm of chromosome 8
- e) Short arm of chromosome 17

90. Patient presents with severe bronchial asthma which of the following drug , not recommended to give it :

- a) Sodium gluconate
- b) Corticosteroid (injection or orally?)
- c) **Corticosteroid nebulizer**

Are you sure this name is Sodium gluconate ?

I think the person who wrote that question forgot the name of it, because I.V. hydrocortisone preferably as sodium succinate which indicate in severe bronchial asthma until conversion to oral prednisolone is possible ..

91. Lady known to have recurrent DVT came with superior vena cava thrombosis, what is the diagnosis?

- a) SLE
- b) Christmas disease
- c) **Lung cancer**
- d) Nephrotic disease

92. Long scenario for patient smokes for 35 years with 2 packets daily, before 3 days develop cough with yellow sputum, since 3 hours became blood tinged sputum, X-ray shows opacification and filtration of right hemithorax, DX:

- a) Bronchogenic CA
- b) acute bronchitis
- c) **lobar pneumonia**

93. Patient came with cough, wheezing, his chest monophonic sound, on x ray there is patchy shadows in the upper lobe+ low volume with fibrosis, he lives in a crowded place, What is the injection should be given to the patient's contacts?

- a) Hemophilus influenza type b
- b) Immunoglobuline
- c) Meningococcal Conjugated
- d) **Bacillus Calmette-Guerin (BCG)**

94. Known case of asthma prevent:

- a) **Exposure to dust mite**

95. Patient with severe asthma, silent chest what is next step?

- a) IV theophylline
- b) **Neb salbutamol**

First, High-flow oxygen (if available)

96. 82 years old female presented to ER in confusion with hypotension. BP was 70/20, P=160/min, rectal T 37.7°C. The most likely of the following would suggest sepsis as a cause of hypotension is:

- a) **Low systemic vascular resistance & high cardiac output**
- b) High systemic vascular resistance & low cardiac output
- c) Pulmonary capillary wedge pressure less than 26
- d) PH is less than 7.2
- e) Serum lactate dehydrogenase more than 22

□ **Explanation:** Special features of septic shock:

- 1) High fever
- 2) Marked vasodilatation throughout the body, especially in the infected tissues.
- 3) High cardiac output in perhaps one half of patients caused by vasodilatation in the infected tissues & by high metabolic rate & vasodilatation elsewhere in the body, resulting from bacterial toxin stimulation of cellular metabolism & from high body temperature.
- 4) DIC.

97. Child with picture of pneumonia treated with cefotaxime but he got worse with cyanosis intercostals retraction and shifting of the trachea and hemothorax on x-ray, the organism:

- a) Pneumocystis carinii
- b) Streptococcus pneumoniae
- c) **Staph aureus**
- d) Pseudomonas

51

98. What is the most effective measure to limit the complications in COPD?

- a) Pneumococcal vaccination
- b) **Smoking cessation**

99. Goodpasture's syndrome is associated with:

- a) Osteoporosis.
- b) Multiple fractures and nephrolithiasis
- c) **Lung bleeding and Glomerulonephritis**

100. End stage of COPD:

- a) ERYTHROCYTOSIS
- b) HIGH Ca
- c) **Low K**

Electrolyte abnormalities may include hyponatremia caused by SIADH and hypokalemia especially in those receive chronic corticosteroids or aggressive B-adrenergic agonist therapy ..

101. Case of old male, heavy smoker, on chest X ray there is a mass, have hyponatremia and hyperosmolar urine, what is the cause?

- a) **Inappropriate secretion of ADH**
- b) Pituitary failure

Just same what I said above :P

102. Patient Known Case of uncontrolled asthma moderate persistent on bronchodilator came with exacerbation and he is now ok, what you will give him to control his asthma?

- a) Systemic steroid
- b) **Inhaler steroid**
- c) Ipratropium

103. Patient PPD test positive for TB before anti TB treatment:

- a) Repeat PPD test
- b) Do mantoux test

104. Old patient, smoker, COPD, having cough and shortness of breath in day time not at night how to treat him?

- a) Theophylline
- b) Ipratropium
- c) Long acting

By short-acting beta agonists as required or short-acting muscarinic antagonists as required ..

105. Patient with asthma use short acting beta agonist and systemic corticosteroid <classification of treatment:

- a) Mild intermittent
- b) Mild persistent
- c) Moderate"
- d) Severe

When you see systemic corticosteroid in any case of bronchial asthma thats mean severely attack ..

106. Obese patient and his suffering with life, the important thing that he is snoring while he is sleeping and the doctor record that he has about 80 apnea episodes to extend that PO₂ reach 75% no other symptoms. Exam is normal. Your action is:

- a) Prescribe for him nasal strip
- b) Prescribe an oral device
- c) Refer to ENT for CPAP and monitoring refer for hospital

107. Patient came with Pneumocystis carinii infection. What is your action?

- a) Ax and discharge
- b) Check HIV for him

108. Patient wake up with inability to speak, he went to a doctor. He still couldn't speak. But he can cough when he asked to do. He gave you a picture of his larynx by laryngoscope. Which grossly looks normal, what is your diagnosis?

- a) Paralysis of vocal cords
- b) Infection
- c) Functional aphonia

109. COPD coughing greenish sputum, what's the organism?

- a) Staph aureus
- b) Strep pneumonia
- c) Mycoplasma
- d) chlamydia
- e) Haemophilus influenzae

Streptococcus pneumoniae: Rust-colored sputum.

Staphylococcus pneumonia: yellow purulent, voluminous sputum

Gram -ve pseudomonas, Haemophilus: May produce green sputum.

Klebsiella species pneumonia: Red currant-jelly sputum.

Anaerobic infections: Often produce foul-smelling or bad-tasting sputum.

110. Patient with bilateral infiltration in lower lobes (pneumonia), which organism is suspected?

- a) Legionella “ more common unilateral “
- b) Klebsiella “ more common in upper lobe “

111. Old Patient was coughing then he suddenly developed pneumothorax best management:

- a) Right pneumothorax
- b) Intubation
- c) Tube thoracotomy “ if recurrent “
- d) Lung pleurodesis “ if recurrent “

☐ **Explanation :** No choice like needle aspiration in second intercostal space

112. Patient with adult respiratory distress syndrome, he got tension pneumothorax, what is the probable cause?

- a) severe lung injury
- b) Negative pressure
- c) central venous line
- d) Oxygen 100%

Barotrauma is a well-recognized complication of mechanical ventilation.

Although most frequently encountered in patients with the acute respiratory distress syndrome (ARDS) and can occur in any patient receiving mechanical ventilation.

113. Patient has pharyngitis rather he developed high grade fever then cough then bilateral pulmonary infiltration in CXR, WBC was normal and no shift to left, what is the organism?

- a) Staphylococcus aureus
- b) streptococcus pneumonia
- c) legionella
- d) chlamydia

This is atypical pneumonia ..

Chlamydia pneumoniae one cause of them which its true here because :

1- WBC normal ..

2- The main important thing for diagnose Chlamydia pneumoniae from another atypical cause clinically : its have biphasic appearance which mean: if have sore throat and hoarsness then after a week or more have cough and so on (which uncommon in legionella, mycoplasma, streptococcus pneumoniae and haemophilus influenzae).

114. Patient suffering from wheezing and cough after exercise, not on medications, what's the prophylactic medication?

- a) Inhaled b2 agonist
- b) Inhaled anticholinergic
- c) Oral theophylline

115. Old patient stopped smoking 10 years ago, suffering from shortness of breath after exercise but no cough and there was a table FEV1=71% FVC=61% FEV1/FVC=95% TLC=58% What's the dx?

- a) Restrictive lung disease
- b) Asthma
- c) Bronchitis
- d) Emphysema
- e) Obstructive with restrictive

if FEV1/FVC ratio less than 0.7 this indicated obstructive lung diseases or another hand if FEV1/FVC ratio is shown in tables and become is less than 70% (its the same) ..

for example in this case: $FEV1/FVC \text{ ratio} = 71\%/61\% = 1.1$ (which not indicate obstructive anymore) ..

All Choices of obstructive lung diseases are exclude except restrictive ..

In Restrictive lung disease the FEV1 and FVC become low but ratio of them become normal ..

Notes :

1- If the FVC and the FEV1 are within 80% the results are considered normal but if its low then thats mean the patient have restrictive ..

2- The normal value for the FEV1/FVC ratio is 70% if its low thats mean the patient have "obstructive" ..

3- Normal FEV1 is between 80% and 120% and that depending about age, sex, height, weight and race ..

4- Normal FVC is between 3 and 5 liters (Equal to or greater than 80%) and its also depending about age, sex, height, weight and race ..

116. Patient with asthma on daily steroid inhaler and short acting B2 agonist what category:

- a) Mild intermittent
- b) Mild persistent
- c) Moderate

d) Severe

In moderate we use oral prednisolone ..

Low-dose Inhalation corticosteroid give him in mild persistent to prophylaxis from become moderately ..

117. Young patient with mild intermittent asthma, attacks once to twice a week, what's best for him as prophylaxis?

- a) inhaled short acting B agonist
- b) inhaled steroid

118. Young lady with emphysema:

- a) Alpha 1 anti-trypsin deficiency

119. Patient lives near industries came with attack of SOB the prophylactic:

- a) B2 agonist
- b) Oral steroid
- c) inhaled corticosteroid

120. Young patient with unremarkable medical history presented with SOB, wheeze, long expiratory phase.
Initial management:

- a) Short acting B agonist inhaler
- b) Ipratropium
- c) Steroids
- d) Diuretic

121. If there is relation between anatomy and disease pneumonia will occur in:

- a) Right upper lobe
- b) Right middle lobe
- c) Right lower lobe
- d) Left upper lobe
- e) Left lower lobe

☐ **Explanation:** Generally the **right middle and lower** lung lobes are the most common sites of infiltrate formation due to the larger caliber and more vertical orientation of the right mainstem bronchus

122. COPD patient , with chronic CO₂ retention , presented to ER with shortness of breath and was given 100% O₂ and his condition worsened , because his respiratory center was driven by :

- a) Hypoxemia

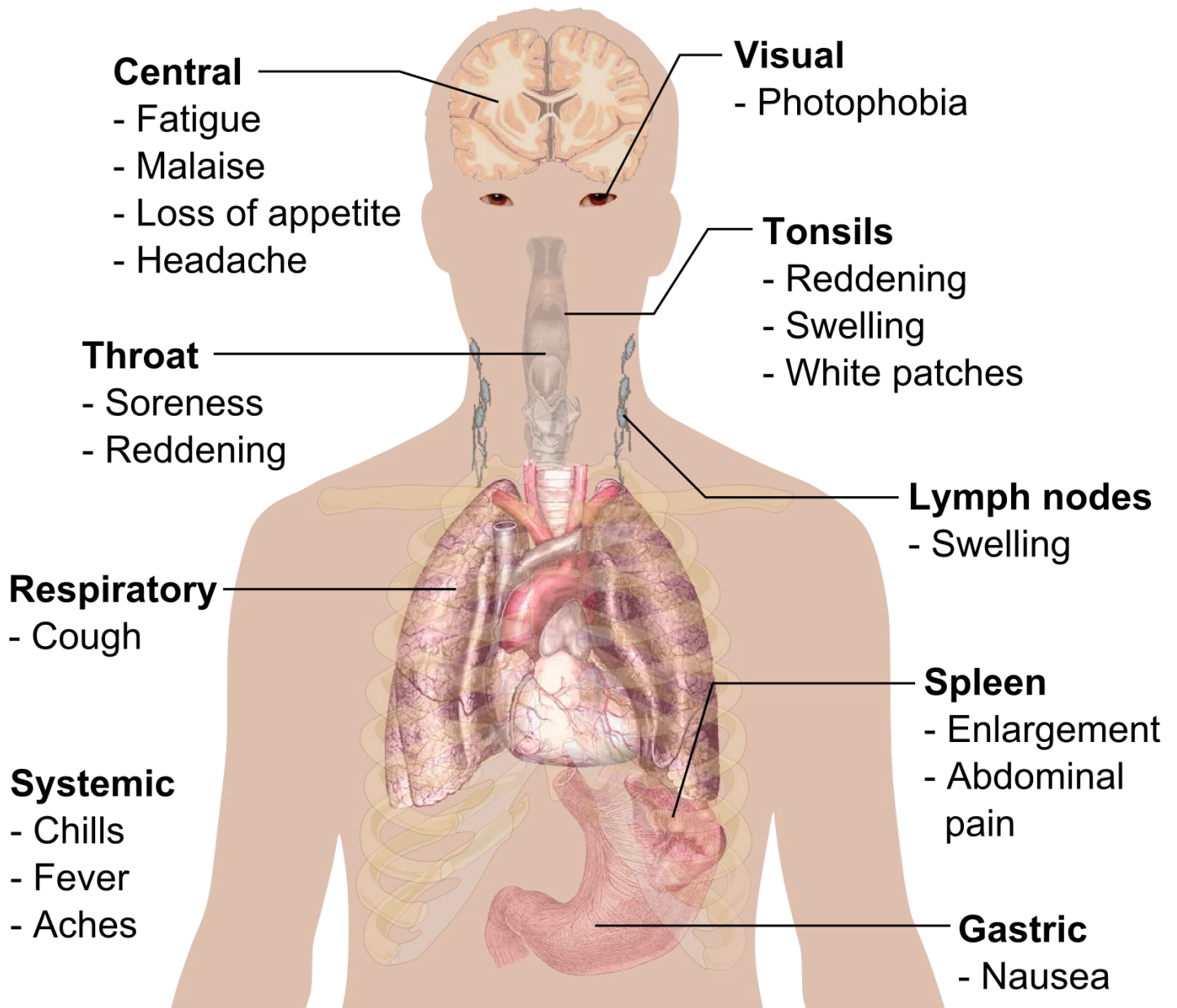
In past, believe hypoxemia drive affected due to long co₂ retention and low oxygen level but in facts, recent studies have proven that COPD patients who have chronically compensated elevated CO₂ levels (known as "CO₂ Retainers") are not in fact dependent on hypoxic drive to breathe.

However, when in respiratory failure and put on high inspired oxygen, the CO₂ in their blood may increase via three mechanisms, namely the Haldane Effect, the Ventilation/Perfusion mismatch (where the regional pulmonary hypoxic vasoconstriction is released) and by the removal or reduction of the hypoxic drive itself.

123. 19 years old girl with URTI, lymphadenopathy and splenomegaly, the most likely diagnosis is:

- a) **Infectious mononucleosis**
- b) Streptococcus pharyngitis

Main symptoms of Infectious mononucleosis



124. The Screening Questionnaire to recognize primary snoring from OSAS is :

- a) ottawa Questionnaire

b) Horchover Questionnaire

he didn't remember the answers :

<https://www.facebook.com/groups/StudyingForSLE/permalink/297217277009294/>

So, There are several OSA questionnaires available as screening tools to identify patients at risk for obstructive breathing in sleep:

1- STOP-BANG Questionnaire:

http://sleepmedicine.com/files/files/StopBang_Questionnaire.pdf

2- Berlin Questionnaire:

http://sleepmedicine.com/files/Forms/berlin_questionnaire2.pdf

3- Preoperative Questionnaire:

http://sleepmedicine.com/files/Forms/preoperative_questionnaire.pdf

4- G.A.S.P. – A self administered screening questionnaire:

http://sleepmedicine.com/files/Forms/gasp_questionnaire.pdf

125. Patient with symptoms of Mild intermittent asthma , converted to mild persistent asthma and patient on albuterol, you have to add :

- a) Long acting beta
- b) Short acting inhaled steroid

126. Which one of these patients with pneumonia will you treat as outdoor patient:

- a) 00 Years old with 104 F temperature, BR 24/min PR 126/min, BP 180/110
- b) 60 years old with 102 F temperature BR 22/min PR 124/min, BP 160/110
- c) 50 years old with 98 F temperature, BR 20/min. HR 110/min, BP 180/110
- d) 80 years old with 96 F temperature, BR 18/min, HR 70/min, BP 110/80

☐ **Explanation:** According to pneumonia severity index calculator (class IV and V need hospitalization class III depend on clinical judgment).

- a- Class III
- b- Class II
- c- class I d-
- class III

127. Scenario for a patient with severe asthma , tight chest , tachypnea and $\text{CO}_2 = 50$, next step :

- a) Aminophylline

- b) Intubation
- c) Short acting beta and discharge him

☐ in acute asthma give venolin+ipratropium promide(atrovent)

128. 35 years old male patient complaining of allergic rhinitis and bronchial asthma poorly controlled presented with history of skin rash ,diffuse severe abdominal pain and hand joints pain for 2 days , on examination there are diffuse purpuric skin rash and small joint tenderness with mild effusion , the most likely diagnosis is...

- a) **Churg-strauss syndrome**

129. Young adult in endemic area crepitation bilaterally with monophesal sound in auscultation what to give vaccination:

- a) Hemophilous influenza
- b) Meningococcal

130. 34 years old female presented with cough, dyspnea for months exam showed cervical adenopathy , hepatomegaly to confirm likely diagnosis you will do :

- a) liver biopsy
- b) **bronchoscopic lung biopsy**
- c) scalene nodal biopsy
- d) ACEI level

☐ **Explanation:** Yes, Lung biopsy to confirm diagnosis sarcoidosis.

131. Bad breath smell with seek like structure, no dental caries & Ix are normal, what's the likely cause:

- a) Cryptic tonsillitis

Its could be from anywhere mouth, nose, tonsil, esophagus stomach ..

Exclude dental caries doesnot mean exclude another things in mouth like gingiva, tongue ..etc. ..

The second major source of bad breath is the nose if their foreign body or sinus infection ..

So, i cannot choose tonsil until i see all another choices if its related or not ..

132. Patient daily asthma , nothing at night, using herbal for 2 months with no improvement :

- a) **Inhalation salbutamol(the best answer)**
- b) High dose steroid inhaler
- c) Ipratropium

133. Patient with recent history of URTI , develop sever conj. Injection with redness, tearing , photophobia , So what is TTT?

- a) **Topical antibiotic**

- b) Topical acyclovir
- c) Oral acyclovir
- d) Topical steroid

When we said its Viral conjunctivitis that's mean we have many virus affect conjunctiva like:

- 1- Adenovirus.
- 2- Herpes Simplex virus.
- 3- Varicella-Zoster virus.
- 4- Other rare viruses: picornavirus (enterovirus 70, Coxsackie A24), poxvirus (molluscum contagiosum, vaccinia), and human immunodeficiency virus (HIV).

but Adenovirus is the most common cause of viral conjunctivitis ..

Lets back in the case, the patient had recent symptoms of an upper respiratory tract infection which mean which its suggest more for adenoviral conjunctivitis ..

also in physical examination, Both eyes are red with diffuse conjunctival injection (engorged conjunctival vessels) with a clear discharge ..

if cause is bacterial you will see purulent discharge not watery ..

Conjunctivitis caused by adenoviruses is self-limiting and no requires therapy other than careful hand washing to minimize spread to others, Artificial tears, antihistamines if there itching, and cool compresses may provide symptomatic relief ..

The people who said use topical corticosteroids be careful next time because you must give him that under expert supervision because may occur three main dangers are associated with their use :

1- "Red Eye" when diagnosis is unconfirmed, may be caused by herpes simplex virus, and corticosteroid may aggravate the condition, leading to corneal ulceration with possible damage to vision and even loss of eye ..

also, Bacterial and fungal pose a similar hazard ..

2- "Steroid Glaucoma" can follow the use of corticosteroid eye preparations in susceptible individuals ..

3- "Steroid Cataract" can follow prolonged use ..

So, the question is : did we use topical antibiotic or not ?

Even he have bacterial or viral conjunctivitis ! they are self-limited and go away in 5-7 days ..

Some Ophthalmologist use topical antibiotic to improve his condition quickly and if it bacterial ! its resolve within 2-5 days ..

We choose immediate use of antibiotic eye drops in all cases of infective conjunctivitis (bacterial or even viral origin) because has the following advantages:

- 1- increased rate of resolution of bacterial infection.
- 2- reduces the risk of transmission.
- 3- prevention of secondary bacterial infection with viral conjunctivitis.
- 4- possible reduction of the (slight) risk of complications.

Notes :

1- Topical acyclovir used in Herpes Simplex virus eye infection which not require in this case because the cause is adenovirus ..

2- Oral acyclovir used in Varicella-Zoster virus eye infection which not require in this case because the cause is adenovirus ..

134. In moderate to severe asthmatic patient , you will find all the following EXCEPT :

- a) $PO_2 < 60$
- b) $PCO_2 > 60$
- c) **low HCO_3**
- d) IV hydrocortisone will relieve symptoms after few hours

135. Patient with moderate persistent BA, on short acting B agonist and low dose steroid inhaler. What will be the next step:

- a) **Add long acting B agonist to steroid**
- b) Increase dose of steroid
- c) Theophylline
- d) Ipratropium

136. Patient has asbestosis what you will see

- a) plural calcification “ follows light or moderate exposure to asbestosis or may progress even in absence of exposure “
- b) plural effusion “ asbestosis exposure less than 20 years “
- c) **diffuse infiltration** “ when asbestosis occur follow heavy exposure after 5-10 years “

137. An easy way to demonstrate rib fracture is by:

- a) PA chest x-ray
- b) **AP chest x-ray**
- c) oblique chest x-ray
- d) tomogram of chest

138. Regarding lung cancer:

- a) It's the leading cause of death in females
- b) Adenocarcinoma common in the proximal part
- c) Elevation of the diaphragm on the x-ray means that the carcinoma has metastasize outside the chest
- d) **BRONCHOSCOPY SHOULD BE DONE**

139. Asthma patient complaining of attacks before exercise and expose to cold what you will give him as prophylaxis:

- a) **Inhaled short acting B agonist**
- b) Inhaled steroid

140. Asbestosis :

- a) Bilateral fibrosis ---
- b) Pleural calcification ---

141. In order to confirm the diagnosis of asthma patient in the office by using spiromerty after giving beta agonist?

- a) fev1 show no change
- b) **fev1 will increase to 95**
- c) Fev1 will decrease to..

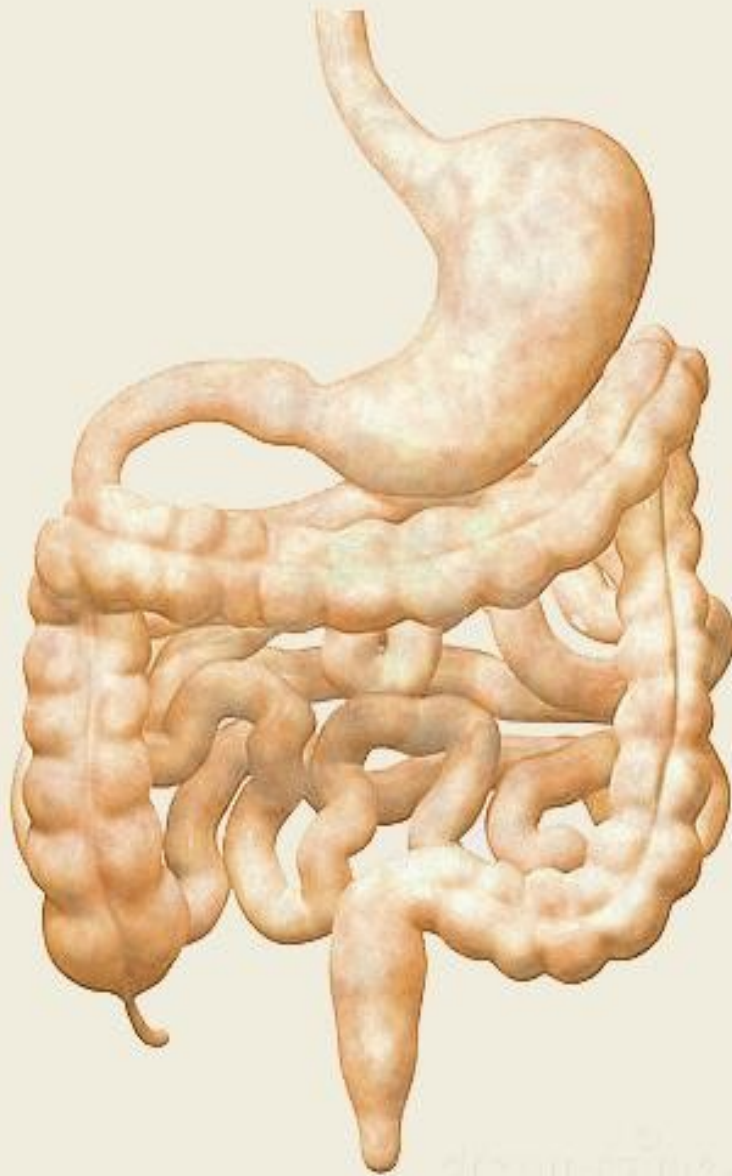
Thats will increase more than 12 % in asthma when give him short-acting bronchodilator which have reversibility rather than in COPD ..

142. A scenario about a young male patient with history of falling down a ladder. The physical exam was going with pneumothorax. Next step

- a) Needle thoracotomy
- b) **X-ray**
- c) Reassurance

143. COPD patient presented with acute symptoms not responding to bronchodilators , what is the next step

- a) Repeat bronchodilators “ **may be !** “
- b) IV steroids “ **No** “
- c) IV theophylline “ **May be but we put in last choice** “



Gastroenterology

1. Woman complaining of burning retrosternal pain with normal ECG what is the treatment?

a) **PPI (Proton Pump Inhibitor)**

☐ Retrosternal pain is usually because of regurgitation but cardiopulmonary causes must be excluded, in this case it is excluded by an ECG.

2. 15 years male with history of 3 days yellow sclera, anorexia, abdominal pain, LFT: T. bilirubin = 253 Indirect = 98 ALT = 878, AST = 1005, what is the diagnosis?

- a) Gilbert disease
- b) **Infective hepatitis**
- c) Obstructive Jaundice
- d) Acute pancreatitis
- e) Autoimmune hepatitis

☐ In Gilbert disease bilirubin is mildly increased with normal liver enzymes, for obstructive jaundice the indirect bilirubin would be normal and the direct would increase, acute pancreatitis serum amylase and lipase are the main diagnostic test, infective hepatitis (Hep A) is of an acute onset with elevated liver enzymes to more than 10 folds.

3. Middle age woman presented with upper abdominal pain, increase by respiration. On examination temperature 39 °C, right hypochondrial tenderness, her investigations: Bilirubin & ALT → normal, WBC 12.9, your next step is:

- a) chest X-ray
- b) **abdominal ultrasound**
- c) Serum amylase
- d) ECG
- e) Endoscopy

☐ By sign and symptoms most commonly this is an acute cholecystitis and sonography is a sensitive and specific modality for diagnosis of acute cholecystitis

4. Gastric lavage can be done to wash all of the followings except:

- a) **Drain cleanser**
- b) Vitamin D
- c) Diazepam
- d) Aspirin

5. Drug addict swallowed open safety pins since 5 hours, presented to the ER, X rays showed the foreign body in the intestine. Which is the best management:

- a) shift to surgery immediately
- b) discharge and give appointment to follow up
- c) **admit and do serial abdominal X-rays and examination**
- d) give catharsis : MgSO4 250 mg

- There is a chance that safety pins pass without any significant damage to the GI tract but caution must be taken and patient is under observation by serial X-rays.
- If patient develop signs of perforation immediate surgery is crucial.

6. Patient with hepatosplenomegally and skin bruises and cervical mass what is the initial investigation;

a) Bone marrow

☐ CBC is initial investigation ..

7. which of the following is an indication of surgery in Crohn's disease:

a) Internal fistula Or intestinal obstruction

☐ Most patients with Crohn's disease ultimately require one or more operations in their lifetime. Operative indications are the same no matter where the disease manifests itself. They include:

- Failure of medical therapy
- Obstruction , fistula, abscess or refractory Hemorrhage , severe inflammation with impending perforation ..
- Growth Retardation (in the pediatric population)
- Perforation , malignancy &extraintestinal manifestations

8. What is the contraindicated mechanism in a child swallowed a bleach cleaner solution:

a) Gastric lavage

Drain cleaner
Oven cleaner
Toilet cleaner
Dishwasher granules/tablets
Laundry soaps/detergents
Kerosene
Gasoline
Paint thinner
Paint stripper/remover
Lye
Furniture polish
Floor polish
Shoe polish
Wood preservative
Caustic soda
Chlorine bleach

9. Patient with vomiting and diarrhea and moderate dehydration, how to treat:

a) ORS only

If you have mild dehydration you can told your patient to drink fluids or you can use ORS ..

If you have moderate dehydration give patient ORS even he vomit, just calculate ongoing loss for every time when vomit ..

Put if you have severe dehydration or patient in coma or he cannot drink ORS because he persistent vomit everytime when he drink it then you can use I.V. fluids ..

10. Initial investigation in small bowel obstruction :

- a) Erect & supine abdominal X- ray

You will see dilated U-shaped loops with air-fluids levels (upright or decubitus films) or a single loop with air-fluid levels at different height ...

11. In which group you will do lower endoscopy for patients with iron deficiency anemia in with no benign cause:

- a) male all age group
- b) children
- c) perimenopausal women & male more than 59 years
- d) women + OCP

☐ Older men and postmenopausal women have high risk to lower GI bleeding , colon cancer so its routinely evaluated to exclude a gastrointestinal source of suspected internal bleeding.

12. Elderly women present with diarrhea, high fever & chills, other physical examination is normal including back pain is normal , Diagnosis:

- a) Pyelonephritis.
- b) Bacterial gastroenteritis
- c) Viral gastroenteritis.

13. Patient presented to the ER with diarrhea, nausea, vomiting, salivation, lacrimation and abdominal cramps. What do you suspect?

- a) Organophosphate poisoning

☐ In muscarinic receptor Remember **SLUDGE** = (**S**alivation, **L**acrimation, **U**rinary incontinence, **D**iarrhea, **G**I distress, **E**mesis) or **DUMBELS** = (**D**iaphoresis and **D**iarrhea; **U**rination; **M**iosis; **B**radycardia, **B**ronchospasm, **B**ronchorrhea; **E**mesis; excess **L**acrimation; and **S**alivation).

But in nicotinic receptor stimulation results in muscle weakness, cramping, fasciculation and diaphragmatic failure.

Autonomic nicotinic effects include hypertension, tachycardia, mydriasis, and pallor.

CNS effects include anxiety, emotional lability, restlessness, confusion, ataxia, tremors, seizures, and coma.

14. Child with garlic smell:

- a) Alcohol toxicity
- b) Organophosphate toxicity
- c) Cyanide toxicity

Garlic smell found in :

- phosphorus
- tellurium
- inorganic arsenicals and arsine gas
- organophosphates
- selenium
- thallium
- dimethyl sulfoxide (DMSO)

Cyanide toxicity have Bitter almonds smell ..

15. Treatment of pseudomembranous colitis “Clostridium difficile ”:

- a) Metronidazole
- b) Vancomycin
- c) Amoxicillin
- d) Clindamycin

Metronidazole is typically the initial drug of choice, because of lower price.

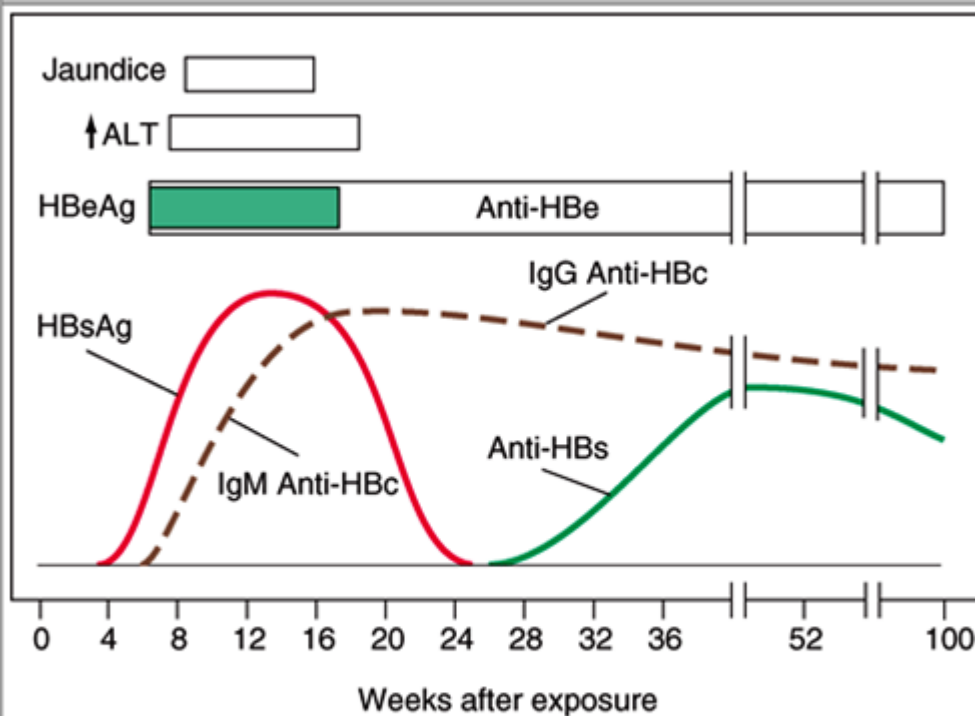
Oral vancomycin is second line for mild to moderate cases and is recommended first line for severe disease.

Vancomycin and metronidazole, however, appear to be equally effective.

16. Patient had HBsAB +ve, but the rest of the hepatitis profile was negative. The diagnosis is:

- a) Immunization from previous infection, past exposure or vaccination
- b) Carrier state
- c) Chronic hepatitis
- d) Active infection

Figure 304-4



Source: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J: *Harrison's Principles of Internal Medicine*, 18th Edition: www.accessmedicine.com

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Scheme of typical clinical and laboratory features of acute hepatitis B.

Test Result	Interpretation
HBsAg (—) Total anti-HBc (—) anti-HBs (—)	Susceptible
HBsAg (—) Total anti-HBc (+) anti-HBs (+)	Immune due to natural infection
HBsAg (—) Total anti-HBc (—) anti-HBs (+)	Immune due to hepatitis B vaccination
HBsAg (+) Total anti-HBc (+) IgM anti-HBc (+) anti-HBs (—)	Acutely infected
HBsAg (+) Total anti-HBc (+) IgM anti-HBc (—) anti-HBs (—)	Chronically infected
HBsAg (—) Total anti-HBc (+) anti-HBs (—)	Four interpretations possible 1. Recovering from acute HBV infection 2. Distantly immune and test not sensitive enough to detect very low level of serum anti-HBs 3. Susceptible with a false positive anti-HBc 4. Chronic HBV infection with rare circumstance where HBV does not produce detectable HBsAg

17. 24 years old man presented with 4 month history of diarrhea with streaks of blood & mucous. Ulcerative colitis was confirmed by colonoscopy. The initial therapy for this patient:

- oral corticosteroid
- azathioprine
- infleximabe
- Aminosalicylic acid
- Sulfasalazine**

18. Which of the following organisms can cause invasion of the intestinal mucosa, regional lymph node and bacteremia:

- a) **Salmonella**
- b) Shigella
- c) E. coli
- d) Vibrio cholera
- e) Campylobacter jejuni

☐ Shigella & E. coli do not invade beyond the lamina propria into the mesenteric lymph nodes or reach the bloodstream while salmonella does.

19. Patient presented with severe epigastric pain radiating to the back. He has past hx of repeated epigastric pain. Social history: drinking alcohol. What's the most likely diagnosis:

- a) MI
- b) Perforated chronic peptic ulcer

This is a case of pancreatitis :

he alcoholic lead to ==> acute pancreatitis according to his history before months ago ==> then complicated to chronic pancreatitis ==> now he complain severely pain and that some of this :

1- could be acute pancreatitis episode occur again from chronic pancreatitis ..

2- could be complication of acute pancreatitis like pseudocyst or abscess or obstruction ..

3- may be from penetrating peptic ulcer to pancreas not perforating because in perforated case if perforating anteriorly you see symptoms and sings of chemical peritonitis and if perforated posteriorly then lead to shock because the acidity content of stomach burn gastroduodenal artery ..

20. A female patient has clubbing, jaundice and pruritus. Lab results showed elevated liver enzymes (Alkaline phosphatase), high bilirubin, hyperlipidemia and positive antimitochondrial antibodies. What's the most likely diagnosis:

- a) Primary sclerosing cholangitis
- b) Primary biliary cirrhosis

☐ PBC is an autoimmune disease destroys (bile canaliculi) within the liver and leads to cholestasis and elevated liver enzymes. 9:1 (female to male). Diagnosed by Presence of AMA and ANA.

21. Patient came recently from Pakistan after a business trip complaining of frequent bloody stool. The commonest organism causes this presentation is:

- a) TB
- b) Syphilis
- c) AIDS
- d) Amebic dysentery
- e) E.coli

Firstly, you must to know the Pakistan is developing country ..

Secondly, you must to know the Travel's Diarrhea have two presentation watery or bloody diarrhea and that depending about cause organisms ..

Thirdly, you must to know most strain type of Escherichia coli and which cause bloody or watery diarrhea :

1- Enteropathogenic (EPEC) cause watery diarrhea ..

2- Enterotoxigenic (ETEC) cause watery diarrhea ..

3- Enteroaggregative (EAEC) cause acute & chronic watery diarrhea, occasionally bloody ..

4- Enteroinvasive (EIEC) cause non-bloody or bloody diarrhea ..

5- Enterohemorrhagic/ Shiga toxin producing (STEC) cause Hemorrhagic colitis; non-bloody or bloody diarrhea ..

Fourthly, you must to know the most common cause of Travel's Diarrhea in developed country are Virus & Enterotoxigenic E.coli but in developing country other bacteria such as shigella, salmonella, vibrio and campylobacter species but there are significant regional differences ..

Fifthly, Travel's Diarrhea is caused by Virus & Parasites too ..

Sixth, The common bacteria causing food and water illnesses in travelers is: Enterotoxigenic Escherichia coli (ETEC) that responsible for the majority of Traveler's Diarrhea cases and another types of E.coli are uncommon ..

Seventh, as we know Enterotoxigenic Escherichia coli (ETEC) cause watery diarrhea not bloody diarrhea , and we must think by another causes that cause bloody diarrhea ..

Eight, in type of E.coli that cause bloody diarrhea: the diarrhea started watery then become bloody but here he said have frequent bloody diarrhea ..

Conclusion: yeah, i know the most common causes of travel's diarrhea is E.coli but not all types, just that type cause watery diarrhea not bloody and you must consider another causes if become bloody !

Reference From Site thats talk about Travel's Disease in Pakistan (See Travel's Diarrhea) :

http://www.iamat.org/country_profile.cfm?id=77#profile_water

22. Erosive gastritis:

- a) Happened within one week of injury
- b) **Happened within 24 hrs of injury.**

23. Patient with acute abdomen you will find :

- a) **Rapid shallow breath**
- b) rapid prolonged breath

rapid shallow breath due to from shock ..

24. about hepatitis b vaccination scheduling for adult:

- a) **3 doses only**

Hepatitis B Vaccine Schedule for Adults ≥ 20 Years*
0, 1, and 6 months
0, 1, and 4 months
0, 2, and 4 months
0, 1, 2, and 12 months†
*All schedules listed are applicable to single-antigen hepatitis B vaccines; if the combined hepatitis A and hepatitis B vaccine (<i>Twinrix</i>) is used, administer 3 doses at 0, 1, and 6 months (alternatively a 4-dose schedule on days 0, 7, and 21-30, followed by a booster dose at 12 months may be used). †A 4-dose schedule of <i>Engerix-B</i> is licensed for all age groups Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 µg/mL (<i>Recombivax HB</i>) administered on a 3-dose schedule or 2 doses of 20 µg/mL (<i>Engerix-B</i>) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.

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25. Patient took high dose of acetaminophen presented with nausea & vomiting, investigation shows increase alkaline phosphatase and bilirubin, which organ is affected?

- a) Brain
b) Gastro
c) **Liver**

☐ Alkaline phosphatase and bilirubin due to liver damage of paracetamol toxicity

26. Old patient with cramp abdominal pain, nausea, vomiting and constipation but no tenderness DX :

- a) Diverticulitis
b) Colon cancer
c) **Obstruction**

27. Old male patient came with fever, abdominal pain, diarrhea, loss of weight, positive occult blood, labs shows that the patient infected with streptococcus bovis, what you will do?

- a) Give antibiotic
b) ORS
c) Abdominal X-Ray
d) **Colonoscopy**
e) Metronidazole

☐ Because there is a strong relation between infections with *S. bovis* and colon cancer, evaluation of the gastrointestinal tract with colonoscopy is important ..

28. Patient came with chest pain, burning in character, retrosternal, increase when lying down, increase after eating hot food, clinical examination normal, what is the diagnosis?

- a) MI
- b) Peptic ulcer
- c) **GERD**

29. Benign tumors of stomach represent almost :

- a) **7 %**
- b) 21 %
- c) 50 %
- d) 90 %

- Benign tumors of stomach are not common and constitute only 5–10% of all stomach tumors.
- Benign tumors of Duodenum = 10-20%

30. 40 years old with mild epigastric pain and nausea for 6 months, endoscopy shows loss of rugal folds, biopsy shows infiltration of B lymphocytes, treated with antibiotic, what is the cause?

- a) Salmonella
- b) H.pylori

This is mucosa-associated lymphoid tissue (MALT) lymphomas (MALTomas) which in C or D choices ..

Its have infiltration of B lymphocytes and its associated with H.pylori thats doesnot resolve with antibiotics

..

31. Old patient with positive occult blood in stool

- a) **Colonoscopy**

you can do sigmoidoscopy initially to check rectum first and little part of lower colon then you can do colonoscopy which is the best to check entire colon ..

32. Adult patient with history of sickle cell anemia, he at risk of

- a) **Infarction**

Infarction or infection ..

33. After dinner 4 of family members had vomiting &diarrhea, what is the causative organism?

- a) Salmonella
- b) **Staphylococcus**
- c) C. diff

- Staphylococcal food poisoning **onset is** generally 1- 6 hours after eating.

Most people with salmonellosis develop diarrhea, fever, vomiting, and abdominal cramps 12 to 72 hours after infection.

34. Vitamin C deficiency will affect :

- a) Collagen synthesis
- b) Angiogenesis
- c) Epithelization
- d) Migration of microphage

35. Patient with perianal pain, Increase during night and last for few minutes :

- a) Proctalgia fugax
- b) Ulcerative colitis

☐ Proctalgia fugax most often occurs in the middle of the night and lasts from seconds to minutes

36. Young patient came with peptic ulcer, which of the following doesn't cause it :

- a) Sepsis
- b) Delayed gastric emptying
- c) Tricyclic antidepressant
- d) Aspirin use
- e) Pyloric sphincter stricture

37. Drug abuser, showed RNA virus what is the diagnosis :

- a) HBV
- b) HCV
- c) HEV
- d) HDV

☐ HBV and HCV are transmitted parentally ..

To memorize:

Hepatitis A,C,D and E is RNA ..

Hepatitis B is DNA ..

38. Patient with cirrhosis, ascites, lower limb edema best to give :

- a) Thiazide
- b) Spironolactone

☐ # In Cirrhosis of liver if Ascites/edema occur, tell him to decrease Na in diet (<2g/d) and use spironolactone with or without furosemide ..

39. Young male known case of sickle cell anemia presented with abdominal pain & joint pain. He is usually managed by hospitalization. Your management is:

- a) In-patient management & hospitalization
- b) Out-patient management by NSAID
- c) Hydration, analgesia & monitoring.

- d) Narcotic opioids

40. Patient with celiac sprue he should take:

- a) Carbohydrate free diet
- b) Protein free diet
- c) Gluten free diet

The only known effective treatment of celiac disease is a lifelong gluten-free diet.

.

41. First sign of MgSO₄ overdose:

- a) Loss of deep tendon reflex
- b) Flaccid paralysis
- c) Respiratory failure

☐ **Clinical consequences related to serum concentration:** ➤

4.0 mEq/l → hyporeflexia

- >5.0 mEq/l → Prolonged atrioventricular conduction
- >10.0 mEq/l → Complete heart block
- >13.0 mEq/l → Cardiac arrest

42. About alcohol syndrome?

- a) Leads to facial anomaly and mental retardation
- b) reduce to 1 glass of wine to decrease the risk of alcohol syndrome
- c) wine will not cross the placenta

☐ **Fetal alcohol syndrome is a pattern of mental and physical defects that can develop in a fetus in association with high levels of alcohol consumption during pregnancy**

About prevention : as Jacques Moritz, MD, director of gynecology at St. Luke's-Roosevelt Hospital in New York said :
"The problem with drinking alcohol during your pregnancy is that there is no amount that has been proven to be safe"

43. What is the most common cause of chronic diarrhea

- a) Irritable bowel syndrome

In Adults

44. Patient with dysphagia to solid and liquid, and regurgitation, by barium there is non peristalsis dilatation of esophagus and air-fluid level and tapering end, what is the diagnosis?

- a) Esophageal spasm
- b) Achalasia
- c) Esophageal cancer

45. Patient with nausea, vomiting and diarrhea developed postural hypotension. Fluid deficit is:

- a) Intracellular
- b) **Extracellular**
- c) Interstitial

Extracellular dehydration is the loss of ECF volume that occur in haemorrhage, vomiting or diarrhoea.

46. Patient diagnosed with obstructive jaundice best to diagnose common bile duct obstruction:

- a) **ERCP**
- b) US

☐ ERCP can be performed as diagnostic (standard) and therapeutic.

47. 25 years old Saudi man presented with history of mild icterus, otherwise ok, hepatitis screen: HBsAg +ve, HBeAg +ve, anti HBc Ag +ve (this should be core anti body, because core antigen doesn't leave hepatocyte to the blood), the diagnosis :

- a) Acute hepatitis B
- b) Convalescent stage of hepatitis B
- c) Recovery with seroconversion hepatitis B
- d) Hepatitis B carrier
- e) Chronic active hepatitis B

HBsAg +ve mean there is active hepatitis B infection without any idea if it acute or chronic ..

So, we order anti-HBc (hepatitis B core antigen [HBcAg]):

1- if result of antibody is IgM there mean we have acute hepatitis ..

2- if result of antibody is IgG there mean we have chronic hepatitis ..

HBeAg +ve mean there is highly viral replication and highly infectivity which occur in acute & chronic active hepatitis and case become worse ..

anti-HBe (its opposite of HBeAg) which reflect there is reduce infectivity and dramatic decline in viral replication ..

anti-HBs (hepatitis B core antibody [HBsAb]) indicate resolution of acute disease (Recovery) and immunity (Immunization) ..

So, the question is incomplete because anti-HBc doesnot enough to reflect us positively or negatively of acute or chronic hepatitis , we want to know which antibody appear !?

Notes :

1- Windows period mean its period which disappear most serological test which become negative except anti-HBc which become only clue to infection ..

2- HBV DNA only appear in acute & chronic hepatitis where virus infected your body ..

3- Try to train yourself here in this PDF :

<http://www.cdc.gov/hepatitis/hbv/pdfs/serologicchartv8.pdf>

48. 23 years old female presented with finding of hyperbilirubinemia, normal examination, investigation shows total bilirubin= 3.1 , direct bilirubin= 0.4, the most likely diagnosis:

- a) **Gilbert's disease**
- b) Crigler-Najjar syndrome 1
- c) Dubin Johnson syndrome
- d) Rotor's disease
- e) Sclerosing cholangitis

- **Gilbert's disease:** most often presents in 3rd or 3rd decade of life, its asymptomatic, no abnormal physical finding, discovered incidentally, no treatment required and slight increase bilirubin with normal LFT .. The bilirubin is elevated but not more 6 mg/dL and usually <3 mg/dL and all unconjugated (indirect) with conjugated (direct) bilirubin within normal range ..
- **Crigler-Najjar syndrome 1:** its severely rapid unconjugated hyperbilirubinemia in infants with neurological consequences (kernicterus) and may be does not appear until adolescence or early adulthood but the deterioration may occur suddenly ..
- **Dubin Johnson syndrome & Rotor's disease:** direct bilirubin (Q about indirect)
- **Sclerosing cholangitis:** more symptomatic ..

49. 48 years female patient with abdominal pain, nausea, vomiting tenderness in right hypochondrial area your diagnosis is :

- a) **Acute cholecystitis**

50. 50 years old male with 2 years history of dysphagia, lump in the throat, excessive salivation, intermittent hoarseness & weight loss. The most likely diagnosis is:

- a) Cricopharyngeal dysfunction
- b) Achalasia
- c) Diffuse spasm of the oesophagus.
- d) Scleroderma.
- e) **Cancer of cervical esophagus.**

☐ The presenting symptoms are suggestive of malignancy (old age, weight loss, hoarseness, lump and excessive salivation)

51. Gastroesophageal Reflux Disease best diagnosed by:

- a) History
- b) Physical examination & per-rectal examination
- c) History & barium meal
- d) **History & upper GI endoscopy**

24-hour pH monitoring is gold standard for diagnosis , endoscopy do if have alarm symptoms and signs or patients in > 55 years old ..

52. Irritable bowel syndrome all EXCEPT

- a) Abdominal distention
- b) Mucous PR
- c) Feeling of incomplete defecation
- d) **PR bleeding**

- **Rome II criteria for IBS:** At least 3 months (consecutive) of abdominal pain with 2 out of the following 3:
- Relief with defecation, change in form of stool or change in frequency of stool. Symptoms that support the diagnosis abnormal stool frequency, abnormal form, abnormal passage (straining, urgency, sense of incomplete defecation), passage of mucous and bloating or feeling of distention. Absence of alarming features which are weight loss, nocturnal defecation, blood or pus in stool, fever, anemia and abnormal gross findings on flexible sigmoidoscopy.

53. One type of food is protective against colon cancer:

- a) Vitamin D
- b) **Fibers**

☐ Colon cancer the presumed environmental influence is high fat consumption and low fiber consumption.

54. Regarding H. Pylori eradication:

- a) Clarithromycin for 1 week
- b) Bismuth, ranitidine amoxil for 2 weeks
- c) **PPI 2 weeks, amxilor 1 week clarithromycin**

- **Recommended treatment of H.pylori:** eradication upon documentation of infection is controversial since most will not have peptic ulcer or cancer.
- 1st line PPI+ clarithromycin + amoxicillin or metronidazole (3 drugs, twice daily for one week).

55. 70 years old woman presented with 3 days history of perforated duodenal ulcer, she was febrile, semicomatose and dehydrated on admission. The BEST treatment is:

- a) Transfuse with blood, rehydrate the patient , perform vagotomy and drainage urgently
 - b) Insert a NGT & connect to suction, hydrate the patient, give systemic antibiotics and observe.
 - c) **Insert a NGT & connect to suction, hydrate the patient, give systemic antibiotics and perform plication of the perforation.**
 - d) Hydrate the patient ,give blood ,give systemic antibiotics and perform hemigastrectomy
- Also, a NG tube is placed to suction out stomach juices so they do not flow out the perforation.
 - Laparoscopic repair of duodenal perforation by Graham patch plication is an excellent alternative approach

56. Patient was diagnosed to have duodenal ulcer and was given ranitidine for 2 weeks and now he is diagnosed to have H. pylori. What is your choice of management?

- a) Omeprazol, clarithromycin & amoxicillin
- b) Bismuth+ tetracycline+ metronidazole
- c) Metronidazole and amoxicillin.
- d) Omeprazole+ tetracycline.

57. 28 year old lady presented with history of increased bowel motion in the last 8 months. About 3-4 motions/day. Examination was normal. Stool analysis showed Cyst, yeast, nil Mucus, Culture: no growth, what is the most likely diagnosis?

- a) Inflammatory bowel disease
- b) Irritable bowel disease
- c) diverticulitis

☐ If D not unrelated with case I will choose B but look at in case they found cyst in stool analysis which may have parasite infection ..

58. 40 year old man presented to the ER with 6 hour history of severe epigastric pain radiating to the back like a band associated with nausea. No vomiting, diarrhea or fever. On examination the patient was in severe pain with epigastric tenderness. ECG was normal, serum amylase was 900u/l, AST and ALT are elevated to double normal. Which of the following is the least likely precipitating factor to this patient's condition?

- a) Hypercalcemia
- b) Chronic active hepatitis
- c) Chronic alcohol ingestion
- d) Hyperlipidemia
- e) Cholelithiasis

☐ Hypercalcemia, chronic alcohol ingestion, cholelithiasis and hyperlipidemia are precipitating factors leading to acute pancreatitis.

59. Patient old with WBC 17000 and left iliac fossa tenderness and fever most likely has:

- a) Diverticulitis
- b) colon cancer
- c) Crohn disease

60. The single feature which best distinguishes Crohn's disease from ulcerative colitis is:

- a) Presence of ileal disease.
- b) Cigarette smoking history.
- c) Presence of disease in the rectum.
- d) Non-caseating granulomas.
- e) Crypt abscesses.

☐ The best distinguishing feature is non-caseating granuloma which is present in only 30 % of patients with CD however when it occurs this is definitively CD. The rest of the features can occur in either.

61. 45 years old man presented with anorexia, fatigue and upper abdominal pain for one week. On examination he had tinge of jaundice and mildly enlarged tender liver. Management includes all EXCEPT:

- a) Liver ultrasound
- b) ERCP
- c) Hepatitis markers
- d) Serum alanine transferase
- e) Observation and follow up

- The case looks like acute hepatitis with the acute history, the fatigue, mild jaundice and mild Hepatomegaly.
- Investigations include LFT, hepatitis markers and US liver. Treatment is observation and follows up. ERCP is not needed (not obstructive).

62. 30 years old man presented with upper abdominal pain and dyspepsia. Which of the following doesn't support the diagnosis of peptic ulcer:

- a) Hunger pain
- b) Heart burn
- c) Epigastric mass
- d) Epigastric tenderness
- e) History of hematemesis

☐ The symptoms of peptic ulcer include pain, dyspepsia, heartburn, bleeding, gastric outlet obstruction but don't explain the presence of a mass.

63. Hepatitis most commonly transferred by blood is:

- a) HBV.
- b) HAV.
- c) HCV
- d) None of the above.

☐ HBV transmission by blood was common before effective screening tests and vaccines were available. HAV is transmitted via enteral route. HCV recently with PCR technology began to have a screening test, but transmission remains high as many infected individuals are carriers.

64. All of the following organisms causes diarrhea with invasion except:

- a) Shigella
- b) Yersenia
- c) Salmonella
- d) Cholera
- e) Campylopacter

65. Premalignant lesions have:

- a) Pedunculated polyps.
- b) Villous papilloma (adenoma).
- c) Polypoid polyp.
- d) Juvenile polyp.

These polyps are more dangerous because they have the highest likelihood of developing into colon cancer.

66. In the neck, esophagus is:

- a) Posterior to the trachea
- b) Anterior to the trachea
- c) Posterior to vertebral column

67. Patient with hepatitis B then he said which one of the following antigens appear in the window period?

- a) HBsAg
- b) HbcAg
- c) Anti HBe
- d) Anti Hbc antibody "IgM against HBc"

68. Treatment of erosive gastritis?

- a) Antibiotics
- b) H2 blocker
- c) Depend on the patient situation
- d) Total gastrectomy
- e) sucralfate

69. Which of the following features is related to crohn's disease:

- a) Fistula formation
- b) Superficial layer involvement

☐ Crohn's disease can lead to several mechanical complications within the intestines, including obstruction, fistulae, and abscesses.

70. 60 years old male patient complaining of dysphagia to solid food. He is a known smoker and drinking alcohol, he has weight loss, what's the most likely diagnosis?

- a) Esophageal cancer
- b) GERD
- c) Achalasia

71. Which is true about gastric lavage?

- a) It is safer than ipecac if the patient is semiconscious
- b) It is done to the patient in right Decubitus position
- c) It is useless for TCA if the patient presented after 6 hrs

- Gastric lavage with Activated charcoal is most useful if given within 1 to 2 hours of ingestion.

- Lavage is effective only 2 hour after ingestion of any poison. After that its ineffective

72. Which of the following conditions is contraindicated to use Ibuprofen?

- a) Peptic ulcer disease

☐ Reduction of prostaglandin secretion and protective mechanism of gastric mucosa.

73. Patient come with jaundice, three days after the color of jaundice change to greenish what is the cause?

- a) Oxidation of bilirubin to bilivedin which is greenish in color

It is the pigment responsible for a greenish color sometimes seen in bruises or jaundice ..

74. Patient with hypercholesterolemia, he should avoid:

- a) Organ meat
b) Avocado
c) Chicken
d) white egg

☐ High content of saturated lipids.

75. Overcrowded area, contaminated water, type of hepatitis will be epidemic:

- a) Hepatitis A
b) hepatitis B
c) hepatitis C

☐ Hepatitis A contaminated by water ..

76. Celiac disease severe form involve

- a) Proximal part of small intestine
b) distal part of small intestine
c) proximal part of large intestine
d) distal part of large intestine

Celiac disease affects predominantly the mucosa of the proximal small intestine, which receives the majority of dietary gluten. Distal parts of the small intestine are less affected because gluten has generally been absorbed by the time the enteric bolus reaches these areas

77. GERD which cancer is the patient at risk of contracting?

- a) Adenocarcinoma

- Barret's carcinoma lead to adenocarcinoma ..

78. Patient with peptic ulcer using anti acid, presented with forceful vomiting food particle:

- a) Gastric outlet obstruction

☐ Forceful vomiting of undigested food indicate a proximal obstruction

79. High risk for developing colon cancer in young male is:

- a) Smoking, high alcohol intake, low fat diet
- b) Smoking, low alcohol intake, high fat diet
- c) Red meat diet, garden's disease (Gardner syndrome)
- d) Inactivity, smoking

☐ Gardner syndrome is now known to be caused by mutation in the APC gene predisposing to colon cancer.

80. Patient with primary biliary cirrhosis, which drug helps the histopathology of the liver?

- a) Steroid
- b) Interferon
- c) Ursodiol

☐ Helps reduce the cholestasis and improves liver function tests. It has a minimal effect on symptoms.

ursodeoxycholic acid is the only FDA approved drug to treat primary biliary cirrhosis.

81. A man travelled to Indonesia and had rice and cold water and ice cream. He is now having severe watery diarrhea and severely dehydrated, what is the most likely he has:

- a) Vibrio cholera
- b) clostridium difficile
- c) Clostridium perfringens
- d) Dysentery
- e) Shigella

☐ Watery diarrhea indicates cholera infection and it's endemic in Indonesia.

82. 75 years old female with 2 days history of MI is complaining of abdominal pain, vomiting, bloody stool ,x-ray shows abdominal distension with no fluid level, serum amylase is elevated. Dx :

- a) Ulcerative colitis
- b) acute pancreatitis
- c) Ischemic colitis
- d) Diverticulitis

83. Stop combined OCP if the patient has :

- a) Chronic active hepatitis
- b) breastfeeding
- c) Varicose veins
- d) Gastroenteritis

84. All the following are differentials of acute abdomen except:

- a) Pleurisy (Diaphragmatic pleurisy has sometimes been incorrectly diagnosed "acute disorder of the abdomen)
- b) MI
- c) Herpes zoster (visceral type cause acute abdomen)
- d) Polyarteritis nodosa (cause acute abdomen through ischemia)
- e) pancreatitis

85. Man with history of alcohol association with

- a) high MCV
- b) **Folic acid deficiency**
- c) B12 deficiency
- d) hepatitis

☐ People with excessive alcohol intake and malnutrition are still at high risk of folic acid deficiency.

86. 6 month old baby presented to the clinic with 2 days history of gastroenteritis. On examination: decreased skin turgor, depressed anterior fontanelle & sunken eyes. The Best estimate of degree of dehydration:

- a) 3%
- b) 5%
- c) **10%**
- d) 15%
- e) 25%

Feature	Mild Dehydration (<5%)	Moderate Dehydration (5% to 10%)	Severe Dehydration (>10%)
Heart rate	Normal	Slightly increased	Rapid, weak
Systolic blood pressure	Normal	Normal to orthostatic, >10 mm Hg change	Hypotension
Urine output	Decreased	Moderately decreased	Markedly decreased, anuria
Mucous membranes	Slightly dry	Very dry	Parched
Anterior fontanel	Normal	Normal to sunken	Sunken
Tears	Present	Decreased, eyes sunken	Absent, eyes sunken
Skin*	Normal turgor	Decreased turgor	Tenting
Skin perfusion	Normal capillary refill (<2 seconds)	Capillary refill slowed (2--4 seconds); skin cool to touch	Capillary refill markedly delayed (>4 seconds); skin cool, mottled, gray

Mild dehydration (<5% in an infant;

<3% in an older child or adult): Normal or increased pulse; decreased urine output; thirsty; normal physical findings ..

Moderate dehydration (5-10% in an infant; 3-6% in an older child or adult): Tachycardia; little or no urine output; irritable/lethargic; sunken eyes and fontanel; decreased tears; dry mucous membranes; mild delay in elasticity (skin turgor); delayed capillary refill (>1.5 sec); cool and pale ..

Severe dehydration (>10% in an infant; >6% in an older child or adult): Peripheral pulses either rapid and weak or absent; decreased blood pressure; no urine output; very sunken eyes and fontanel; no tears; parched mucous membranes; delayed elasticity (poor skin turgor); very delayed capillary refill (>3 sec); cold and mottled; limp, depressed consciousness ..

87. In irritable bowel Syndrome the following mechanism, contraction and slow wave myoelectricity seen in:

- a) Constipation
- b) Diarrhea

88. kwashikor disease usually associated with

- a) decrease protein intake, decrease carbohydrate
- b) increase protein , increase carbo
- c) Decrease protein, increase carbohydrate

89. 22 years old male patient was presented by recurrent attacks of diarrhea , constipation , and abdominal pain relieved after defecation , but no blood in the stool , no weight loss : what is the diagnosis

- a) Irritable bowel Syndrome

90. Young healthy male has abdominal pain after basketball. Examination fine except for Left paraumbilical tenderness, what to do?

- a) Abdominal US
- b) Flat plate graph
- c) Send home & reassess within 48 hours

91. Prophylaxis of cholera :

- a) Good hygiene, sanitation and oral vaccine, in epidemic public: mass single dose of vaccine & tetracycline.

92. Chronic Diarrhea is a feature of:

- a) Hypernatremia
- b) HyperCalcemia “ constipation “
- c) Hypomagnesaemia
- d) Metabolic Alkalosis “ Vomiting not diarrhea “

93. Teacher in school presented with 3 days history of jaundice & abdominal pain, 4 of school student had the same illness in lab, what is true regarding this patient?

- a) Positive for hepatitis A IgG
- b) Positive hepatitis A IgM
- c) Positive hepatitis B core
- d) Positive hepatitis B c anti-body

Anti-HAV IgM positive at time of onset of symptoms but Anti-HAV IgG appears soon after IgM and generally persists for years ..

94. Which of the following features of ulcerative colitis distinguishes it from Crohn's disease

- a) Possible malignant transformation(both but more in UC)
- b) Fistula formation(common in CD)
- c) Absence of granulomas
- d) Colon involvement (both)

95. Inflammatory bowel disease is idiopathic but one of following is possible underlying cause:

a) Immunological

96. Which of the following is true regarding varicella vaccine during breast feeding :

a) It is safe.

b) No breast feeding except after 3 days of the immunization.

☐ There are no data on the excretion of varicella virus vaccine in human milk.

71

97. patient was screened for HBV and HbsAg and HbeAg were +ve , what is next

a) HBv DNA load

b) Start him of treatment

As I Said before, its time we order the core to distinguish if its acute hepatitis or chronic active hepatitis ..

98. a graph showing two curves one is labeled as A the other is B , it shows serology for HBV :

a) HbAg and Antibody

b) HbAg and IgG antibody my answer

99. A lady presented with fatigue, RUQ pain, jaundice, bruises and had compression vertebral fracture. Investigation showed high Cholesterol and positive antimichondrial antibodies. The diagnosis is:

a) Primary biliary cirrhosis

b) Carcinoma of the bile duct.

c) Primary Sclerosing Cholangitis.

100. long case of hemochromatosis with liver cirrhosis and decrease weight last visit = 90 now 84 , next step investigation :

a) Hepatitis C serology

b) Alpha fetoprotein

c) Abdominal ultra sound

Because may be have liver cancer after that cirrhosis ..

101. Gold standard imaging in acute pancreatitis :

a) CT scan

102. The best investigation for acute diverticulitis is

a) US

b) Barium enema

c) CT

d) Colonoscopy

e) Sigmoidoscopy

- Diverticulitis: Chest X-ray with the patient upright can aid detection of pneumoperitoneum.
- Abdominal X-rays may demonstrate small or large bowel dilation or ileus, pneumoperitoneum, bowel obstruction, or soft tissue densities suggesting abscesses.
- Contrast enemas: limited value; findings suggestive of diverticulitis include extravasated contrast material outlining an abscess cavity, intramural sinus tract or fistula.
- CT scanning with intravenous, oral or rectal contrast: sensitivities and specificities for CT are significantly better than for contrast enemas. When an abscess is suspected, CT scanning is the best modality for making the diagnosis and following its course
- Because of risk of perforation, endoscopy is generally avoided in initial assessment of the patient with acute diverticulitis. Its use should be restricted to situations when the diagnosis is unclear, to exclude other possible diagnoses.

103. patient with liver dis. Jaundice Bx showed fibrosis which diet is good for him:

- a) Low protein diet

104. Patient with active hepatitis what medication should not to give :

- a) Ranitidine
- b) Heparin
- c) **Atrovastatin**

Statin should be used with caution in those with a history of liver disease and avoided in active liver disease or when there are unexplained persistent elevations in serum transaminases ..

105. Reflux esophagitis:

- a) **Mimic heart dis.**

106. Barrett esophagus how to precede :

- a) **f/u endoscopy for to look for change in metaplasia**

107. Patient with Barrett's esophagus. What is the kind of malignancy associated?

- a) **Adenocarcinoma**

GERD → Barrett's esophagus → Adenocarcinoma

108. peritoneal lavage when to say the amount is suffusion

- a) 2 l blood
- b) 1000 wbs \ rbs
- c) **500 wbs**

To said is negative its must have :

1- clear aspirate ..

2- less than 100 white cells/uL

3- less than 75 units amylase/dL

And to said this is positive its must have :

1- 100,000 red cells/uL

2- 500 white cells/uL

3- 175 units amylase/dL ..

4- Bacteria on gram-stained smear ..

5- Bile ..

6- Food particles ..

And to said this is intermediate results :

1- When you see pink fluid on free aspiration ..

2- 50,000 - 100,000 red cells/uL in blunt trauma ..

3- 100-500 white cells/uL

4- 75-175 units amylase/dL

109. Patient with abdominal pain and distension with vomiting and constipation. He has mild symptoms of dehydration. There is evidence of air in the rectum. The Rx:

- a) Rectal decompression with IV antibiotics
- b) Nasogastric tube with IV isotonic fluid
- c) Systemic antibiotics

Its partial Small bowel obstruction ..

110. patient has solid dysphagia best for diagnosis:

- a) endoscopy +biopsy

111. 70 year old male with chronic Hepatitis B virus antigen carrier. The screening of choice is :

- a) Alfa-fetoprotien + liver ultrasound
- b) Alfa-fetoprotien + another tumor marker
- c) Abdominal CT + abdominal ultrasound

Alfa-fetoprotein is tumor marker for liver cancer and u/s help to find changing that's occur with hepatitis ..

112. 60 year old male presented with progressive jaundice without abdominal pain :

a) head pancreas cancer

- b) gall stone
- c) cholangitis

its called "painless jaundice "

113. Old patient with sense of fullness without pain in the abdomen, no GI symptoms, No other complaints, K/C of HTN,DM , O/E pulsatile mass in the mid abdomen, what is the diagnosis ?

- a) Horse-shoe kidney
- b) Colon ca.
- c) AAA
- d) Periumbilical hernia

114. A young boy presented with jaundice, high liver enzymes and kayser-fleisher rings. what is the most proper treatment?

- a) British anti-lewisite
- b) Penicillamine
- c) Desferroxamine

Kayser-Fleischer rings are dark rings that appear to encircle iris of eye and thats occur due to copper deposition in part of cornea which is a sign of wilson's disease ..

Penicillamine is used in Wilson's disease to aid elmination of copper ions ..

you can use Zinc as preventive absorbtion of copper in wilson's disease but its slow in onset of action ..

115. Elderly patient with glossitis ,diarrhea , weight loss , anorexia and macrocytic anemia :

- a) Iron deficiency anemia
- b) Pernicious anemia
- c) colon cancer
- d) thalassemia

116. Patient is on TB prophylaxis INH "Isoniazid" what does the physician have to monitor :

- a) Liver function test

117. Patient with trauma has abdominal pain diagnosed as intramural hematoma otherwise pt is stable :

- a) Rest the bowel and observation

118. A patient presents with loin pain radiating to the groin. Renal stones are suspected. What is the test that has the most specificity & sensitivity in diagnosing this condition?

- a) Non contrast spiral CT scan of the abdomen
- b) Ultrasound
- c) KUB
- d) Intravenous pyelography (IVP)
- e) Nuclear Scan

Spiral CT has become the first study of choice, because the entire urinary tract can be scanned rapidly without contrast injection ..

119. Old man with gastric ulcer –ve H pylori, what is the treatment?

- a) Proton pump inhibitor for 1 month
- b) Endoscopy after 6-8 month

120. Patient had abdominal pain and found to have gastric ulcer all are predisposing factor, except:

- a) Tricyclic antidepressant
- b) NSAIDs
- c) Delayed gastric emptying
- d) Pyloric sphincter incompetence
- e) Sucralfate

• **Aggressive factors for peptic ulcer:**

- Acids
- Pepsin
- H.pylori infection
- Alcohol & Smoking
- Diet (spicy food)
- Drugs (NSAID, CORTICOSTEROID) ➤ Stress

- **SUCRALFATE:** this is drug lead to formation of coat over the base of the ulcer and prevents effects of HCL and promotes healing of ulcer.

121. 70 years old presented with weight loss, fatigue, anemia, upper quadrant pain without any previous history, the stool showed high fat he is a known smoker:

- a) Acute pancreatitis
- b) Chronic pancreatitis
- c) Pancreatic carcinoma

122. Patient had abdominal pain for 3 months, what will support that pain due to duodenal ulcer?

- a) Pain after meal 30-90 min.
- b) Pain after meal immediately.
- c) Pain after nausea & vomiting.
- d) Pain after fatty meal.
- e) Pain radiating to the back.

When you eat in duodenal ulcer, the pyloric sphincter becomes close to digest foods in stomach before sending it to small intestine which becomes ulcer in that time clear from acidity and ulcer takes a breath :P ..

So, you feel its relieve it because the acidity of stomach cannot reach in duodenal when foods become eaten it early ..

but actually since pyloric sphincter opens to duodenal! the acid back to harm ulcer and pain becomes back ..

the duration of food digestion in stomach from 1-2 hours ..

123. Old patient with history of recent MI complaining of severe abdominal pain, distention, bloody diarrhea, slightly raised serum amylase diagnosis is

- a) Ischemic colitis

124. Patient with celiac disease. What kind of the following food is safe for him?

- a) Wheat
- b) Rice
- c) Oat
- d) Barley

125. Patient with muscle weakness, decreased reflexes. There is also history of diarrhea. What could be the cause?

- a) Hyponatremia “constipation”
- b) Hyperkalemia
- c) Hypercalcemia “constipation”
- d) Hypokalemia

You see diarrhea in hypo/hyperkalemia but decrease of reflexes seen in hyperkalemia and hypomagnesaemia ..

126. Long history of patient with recurrent vomiting for 2 days, Hematocrit 65 the doctor can report this result caused by:

- a) Cytokine
- b) Glucagon
- c) C r protin
- d) Apoprotein

127. An active 64-year-old male complains of dysphagia. Endoscopic biopsy confirms esophageal squamous cell carcinoma. A predisposing factor to this condition is:

- a) Hiatus hernia
- b) Achalasia
- c) Esophageal varices
- d) Diffuse esophageal spasm
- e) mallory-weiss syndrome

Squamous cell carcinoma is strongly associated with heavy smoking, alcohol, previous traumatic injury to esophagus and esophageal anatomic abnormalities like achalasia, esophageal webs and zenker's diverticula ..

128. Male patient present with exercise intolerance, HG is 9 and MCV is 78 and positive fecal occult test. Upper GI scope show chronic gastritis. How u treat him?

- a) Oral iron
- b) IV iron “ If Hb less than 6 g/dL”

- c) blood transfusion “ if have severe acute blood loss which is negative here, just he have occult blood in stool “

this case of iron deficiency anemia ..

129. Long case Patient obese and newly diagnosed by FBS> 126 with long list of lab come to me in the exam screen all normal including liver function test. On examination: patient had palpable mildly enlarge liver what you will give him?

- a) **Biguanides**
- b) Sulphonyl urea

130. HCC :

- a) 10 % with liver disease
 - b) with chronic liver diseases
- Hepatocellular carcinoma (HCC, also called malignant hepatoma) is the most common type of liver cancer. Most cases of HCC are secondary to either a viral hepatitis infection (hepatitis B or C) or cirrhosis (alcoholism being the most common cause of hepatic cirrhosis)
 - Compared to other cancers, HCC is quite a rare tumor in the United States. In countries where hepatitis is not endemic, most malignant cancers in the liver are not primary HCC but metastasis (spread) of cancer from elsewhere in the body, e.g., the colon. Treatment options of HCC and prognosis are dependent on many factors but especially on tumor size and staging. Tumor grade is also important.

131. The main risk factors for hepatocellular carcinoma are:

☐ **main risk factors for hepatocellular carcinoma**

- 1) Alcoholism
 - 2) Hepatitis B
 - 3) Hepatitis C (25% of causes globally)[3]
 - 4) Aflatoxin
 - 5) Cirrhosis of the liver
 - 6) Hemochromatosis
 - 7) Wilson's disease (while some theorize the risk increases, case studies are rare and suggest the opposite where Wilson's disease actually may confer protection)
 - 8) Type 2 Diabetes (probably aided by obesity)
 - 9) OCP
 - 10) Tobacco
- Hepatocellular carcinoma (HCC) most commonly appears in a patient with chronic viral hepatitis (hepatitis B or hepatitis C, 20%) or/and with cirrhosis (about 80%). These patients commonly undergo surveillance with ultrasound due to the cost-effectiveness.
 - In patients with a higher suspicion of HCC (such as rising alpha-fetoprotein and des-gamma carboxyprothrombin levels), the best method of diagnosis involves a CT scan of the abdomen using

intravenous contrast agent and three-phase scanning (before contrast administration, immediately after contrast administration, and again after a delay) to increase the ability of the radiologist to detect small or subtle tumors. It is important to optimize the parameters of the CT examination, because the underlying liver disease that most HCC patients have can make the findings more difficult to appreciate.

132. Risk of colorectal cancer recurrence is strongly related to :

- a) Age at diagnosis
- b) Stage
- c) Family history



Neurology

1. Female patient with fatigue, muscle weakness, paresthesia in the lower limbs and unsteady gait, next step?

- a) Folate level
- b) Vitamin B12 level
- c) Ferritin level

Neurologic symptoms are specific to vitamin b12 ..

2. In brainstem damage:

- a) Absent spontaneous eye movement “ its could be but its not specific “
- b) Increase PaCO2 “ due to apnea “
- c) Unequal pupils “Pupil doesnot react at all “
- d) Presence of motor movement “ absent motor movement “

3. What is the most reversible risk factor for stroke?

- a) DM
- b) HTN
- c) obesity
- d) Dyslipidemia

4. Which of the following found to reduce the risk of postherapeutic neuralgia?

- a) Corticosteroids only
- b) Corticosteroids + valacyclovi
- c) Valacyclovir only

5. Cardiac syncope:

- a) Gradual onset
- b) Fast recovery
- c) Neurological sequence after

6. An 18 years old male who was involved in an RTA had fracture of the base of the skull. O/E he had loss of sensation of the anterior 2/3 of the tongue & deviation of the angle of the mouth. Which of the following nerves is affected?

- a) I (Olfactory)
- b) III (Oculomotor)
- c) V (Trigeminal)
- d) IV (Abducens)
- e) VII (Facial)

Trigeminal nerve have sensory axons in the trigeminal nerve carry nerve impulses for touch, pain, and thermal sensations (heat and cold).

One branch of trigeminal nerve is mandibular nerve contains sensory axons from the anterior two-thirds of the tongue (not taste) ..

Facial nerve have sensory axons extend from the taste buds of the anterior two thirds of the tongue (taste) ..

Also, Facial nerve control with facial muscles which is caused deviation of mouth ..

7. A 35 years old patient, she is on phenytoin since she was 29 due to partial epilepsy she didn't have any attack since. She want to stop taking the drug due to facial hair growth:

- a) It is reasonable to stop it now
- b) **Stop it after 6 months**
- c) Stop after 10 years
- d) Don't stop it

The patient is free from attack along 6 years ..

In Management of epilepsy: start anti-epileptic drugs at low dose and go slowly until the seizures are controlled or side effects become unacceptable but the discontinuance of medication should not be occur suddenly !

when adult patients have been seizure free for 2 years or more should withdrawal of medication be considered.

So, the chance of recurrence become increase when stop medication suddenly ..

Unfortunately, there is no way of predicting which patients can be managed successfully without treatment, although seizure recurrence is more likely in patients who initially did not respond to therapy, those with seizures having focal features or of multiple types, and those with continuing electroencephalographic abnormalities.

The dose should be gradually tapered over a period of 6 months ..

8. Patient 22 years old with unilateral headache attacks:

- a) Cluster headache
- b) **Migraine**
- c) Tension headache

9. Which of the following is true about migraine:

- a) Aura occur after the headache
- b) Each attack lasts about 4 hours
- c) **It is unilateral pounding headache**

10. A middle age man presented with severe headache after lifting heavy object. His BP was high. He was fully conscious. Examination was otherwise normal. The most likely diagnosis is:

- a) **Subarachnoid hemorrhage**
- b) Central HTN
- c) Tension headache

- d) Migraine
- e) Intracerebral hemorrhage

11. Patient has neck stiffness, headache and petechial rash. Lumbar puncture showed a high pressure , what would be the cause?

- a) group B strep
- b) Neisseria meningitides
- c) m.tuberculosis
- d) staphylococcus aureus

12. The most common cause of non-traumatic subarachnoid hemorrhage is:

- a) Middle meningeal artery hemorrhage
- b) Bridging vein hemorrhage
- c) Rupture of previously present aneurysm

13. Which is not true in emergency management of stroke?

- a) Give IVF to avoid D5 50% → Hyperglycemia can increase the severity of ischemic injury whereas hypoglycemia can mimic a stroke
- b) Give diazepam in convulsions
- c) Anticonvulsants not needed in if seizures
- d) Must correct electrolytes
- e) Treat elevated blood pressure → Treat if SBP>220 or DBP>120 or MAP>130

14. A 26 year old female complaining of headache more severe in the early morning mainly bitemporal, her past medical history is unremarkable. She gave history of OCP use for 1 year. Ophthalmoscope examination showed papilledema but there are no other neurological findings. The most probable diagnosis is:

- a) Optic neuritis
- b) Benign intracranial hypertension
- c) Encephalitis
- d) Meningitis
- e) Intracranial abscess

☐ **Explanation:** BIH headaches are typically present on waking up or may awaken the patient. It could be accompanied by other signs of increased ICP like vomiting, papilledema, epilepsy or mental change

15. A 27 years old male with tonic clonic seizures in the ER, 20 mg Diazepam was given and the convulsion did not stop. What will be given?

- a) Diazepam till dose of 40 mg
- b) Phenytoin
- c) Phenobarbitone

if have convulsion started from 5 to 10 minutes: Give him Lorazepam or Diazepam ..

if didn't resolve and convulsion continue to 10-20 minutes: use phenytoin or fosphenytoin ..

if didn't resolve and convulsion continue to 30-60 minutes then give him phenobarbital ..

if didn't resolve and convulsion continue more than 60 minutes then give him general anesthesia ..

16. Definition of status epilepticus:

- a) Generalized tonic clonic seizure more than 15 minutes
- b) Seizure more than 30 minutes without regains consciousness in between
- c) Absence seizure for more than 15 minutes

17. 25 years old student presented to your office complaining of sudden & severe headache for 4 hours. History revealed mild headache attacks during the last 5 hours. On examination: agitated & restless. The diagnosis is:

- a) Severe migraine attack
- b) Cluster headache
- c) Subarachnoid hemorrhage
- d) Hypertensive encephalopathy
- e) Encephalitis

18. all of the following precipitate seizure except:

- a) hyporecemia “ hyperurecemia causes seizure but not hyporecemia “
- b) Hypokalemia “ associated with hypomagneseima “
- c) hypophosphatemia
- d) hypocalcemia
- e) hypoglycemia “ or hyperglycemia its caused seizure “

19. A 25 years old patient presented with headache, avoidance of light & resist flexion of neck, next step is:

- a) EEG
- b) C-spine X-ray
- c) Phonation
- d) Non of the above

☐ **Explanation:** I suspect meningitis, the treatment is antibiotic & lumbar puncture

20. Which of the following side effect is not associated with phenytoin?

- a) Hirsutism
- b) Macrocytic anemia
- c) Osteomalasia
- d) Ataxia
- e) Osteoporosis

☐ **Explanation:** Side effects of phenytoin:

- 1) **CNS:** cerebral edema, dysarthria & extrapyramidal syndrome 2)
- ENT:** diplopia, nystagmus & tinnitus.

- 3) **CVS:** hypotension
- 4) **GI:** gingival hyperplasia & altered taste 5)
GU: pink or red urine.
- 6) **Dermatology:** hypertrichosis & exfoliative dermatitis
- 7) **Hematology:** Agranulocytosis, aplastic anemia & macrocytic anemia
- 8) **Other:** Osteomalacia, Hypocalcaemia

21. Peripheral neuropathy can occur in all EXCEPT:

- a) Lead poisoning.
- b) DM.
- c) Gentamycin.
- d) INH (anti-TB).

☐ All can cause peripheral neuropathy

22. Pain near eye prescribed by tingling and paresthesia occur many times a week in the same time, also there is nasal congestion and eye lid edema, what is the diagnosis?

- a) Cluster headache
- b) Migraine with aura
- c) Tension headache
- d) Withdrawal headache

23. Girl with band like headache increase with stress and periorbital, twice a week, what is the diagnosis?

- a) Tension headache
- b) migraine
- c) cluster

24. Treatment of opioid toxicity

- a) Naloxone

25. Strongest factor for intracerebral hemorrhage

- a) HTN

26. Patient presented with nausea, vomiting, nystagmus, tinnitus and inability to walk unless he concentrates well on a target object. His Cerebeller function is intact, what is the diagnosis?

- a) Benign positional vertigo
- b) Meniere's disease
- c) Vestibular neuritis

No hearing loss and no other neurological signs ..

27. 80 years old male patient, come with some behavioral abnormalities, annoying, (he mentioned some dysinhibitory effect symptoms), most postulated lobe to be involved:

- a) Frontal
- b) Parietal
- c) Occipital
- d) Temporal.

28. The commonest initial manifestation of increased ICP in patient after head trauma is

- a) Change in level of consciousness
- b) Ipsilateral pupillary dilatation
- c) Contralateral pupillary dilatation
- d) Hemiparesis

ICP : headache, vomiting without nausea and decrease in level of his consciousness ..

29. One of following true regarding systolic hypertension :

- a) In elderly it's more dangerous than diastolic hypertension
- b) Occur usually due to mitral regurge
- c) Defined as systolic, above 140 and diastolic above 100 "combined systolic and diastolic"

Yeah , its double risk of M.I. and triple risk of CVA in Elderly ..

30. Typical picture of oculomotor nerve palsy: stroke with loss of smell, which lobe is affected?

- a) **Frontal**
- b) Parietal
- c) Occipital
- d) Temporal

As we know the loss of smell occur when cut the conduction along olfactory pathway ..

Before we talk which lobe is affected, lets talk about the physiology pathway of smell :

1- olfactory fibers ..

2- olfactory bulb ..

3- olfactory tract ..

4- olfactory cortex ..

olfactory bulb lie on the ventral aspect of the frontal lobes ..

The olfactory cortex is located on the base of the frontal lobe and medial aspect of the temporal lobe ..

So, any affect in that pathway lead to loss of smell ..

About movement of eyes is initiated by a small cortical region in frontal lobe (frontal eye field) ..

In stroke, lets said if it hemorrhagic and rupture of any artery in there the bleeding affect frontal lobe which control about voluntary movement in body and also affect olfactory bulb which near from it or affect olfactory cortex and that cause of loss of smell in stroke ..

Also, if have any tumor in frontal lobe the smell is affected due to compress pathway of smell ..

If olfactory memory of smell is affect or have smell hallucinations that mean there is temporal lobe affect ..

I give one example to make it clear to you :

Why people who have nasal symptoms they cann't smell anything !?

Because temporal lobe affect ! No because olfactory fibers in the nose is affect And So On ..

31. Man is brought to the ER after having seizure for more than 30 min the most initial drug you will start with:

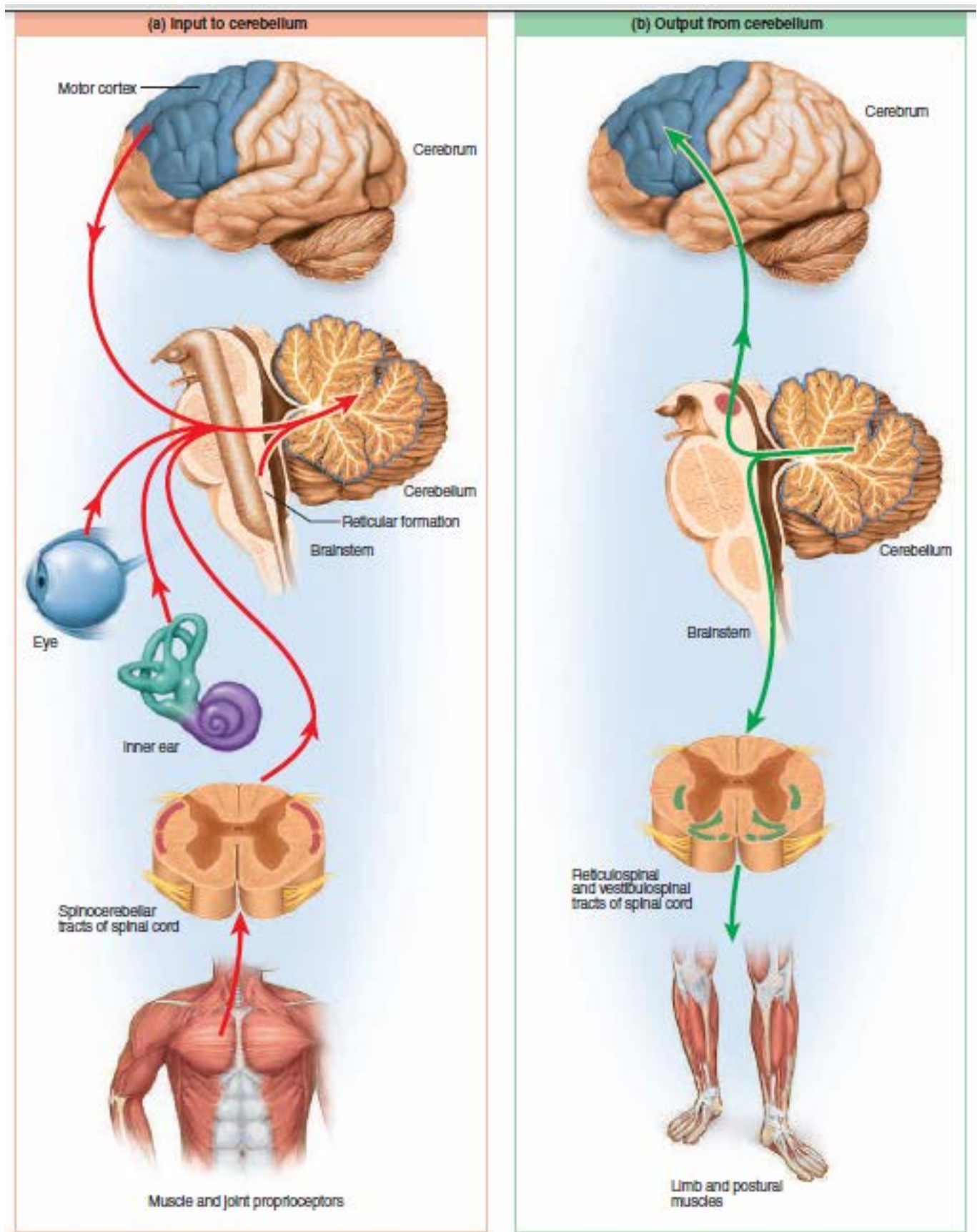
- a) **IV lorazepam**
- b) IV phenobarbital
- c) IV phynetoin

32. Middle aged patient with ataxia, multiple skin pigmentation and decrease hearing, one of the family members has the same condition?

- a) Malignant melanoma
- b) **Neurofibromatosis “ most likely”**
- c) hemochromatosis
- d) measles
- e) nevi

33. 19 years old after bike accident, he can't bring the spoon in front of himself to eat, lesion is in:

- a) Temporal lobe
- b) **Cerebellum**
- c) Parietal lobe
- d) Occipital lobe



34. Young girl experienced crampy abdominal pain & proximal muscular weakness but normal reflexes after receiving septr (trimethoprim sulfamethoxazole) :

- a) Functional myositis
- b) Polymyositis
- c) Guillianbarre syndrome

d) **Neuritis**

☐ **Explanation:** Due to Septra

35. Sciatica increased incidence of :

- a) Lumbar lordosis
- b) **Paresthesia**

36. Patient is complaining of memory loss. Alzheimer disease is diagnosed what is the cause of this:

- a) **Brain death cell**

37. Female patient presented with migraine headache which is pulsatile, unilateral, increase with activity. Doesn't want to take medication. Which of the following is appropriate?

- a) **Bio feedback**
- b) TCA
- c) BB

☐ Biofeedback has been shown to help some people with migraines. Biofeedback is a technique that can give people better control over body function indicators such as blood pressure, heart rate, temperature, muscle tension, and brain waves. The two most common types of biofeedback for migraines are thermal biofeedback and electromyographic biofeedback

38. Diabetic patient was presented by spastic tongue, Dysarthria and spontaneous crying what is the most likely diagnosis?

- a) Parkinson.
- b) Bulbar palsy.
- c) **Pseudobulbar**
- d) Myasthenia gravis.

39. Patient with ischemic stroke present after 6 hours, the best treatment is:

- a) **ASA**
- b) Tissue plasminogen activator "TPA"
- c) Clopidogril
- d) IV heparin
- e) Other anticoagulant

☐ **Explanation:**

- **TPA** : administered within 3hours of symptoms onset (if no contraindication) ➤ **ASA**: use with 48hours of ischemic stroke to reduce risk of death.
- **Clopidogrel** : can be use in acute ischemic& alternative to ASA
- **Heparin & other anticoagulant** : in patient has high risk of DVT & PE or AF

40. Old male with neck stiffness, numbness and paresthesia in the little finger and ring finger and positive raised hand test, diagnosis is:

- a) **Thoracic outlet syndrome**
- b) Impingement syndrome
- c) Ulnar artery thrombosis
- d) Do CT scan for Cervical spine

Yeah, This Is Thoracic Outlet Syndrome but before you said that ! its recommended to do:

1- X-rays of the neck to rule out cervical rib ..

2- Chest X-ray to rule out Pancoast tumor ..

Because they are causes of Thoracic Outlet Syndrome and better to find it for treatment the case ..

CT scan doesn't sensitive or specific to them ! so, why you want to do it !?

41. 1st line in Trigeminal Neuralgia management:

- a) **Carbamazepine**

42. Prophylaxis for meningitis treatment of contact:

- a) Cimetidine
- b) **Rifampicin**

About chemoprophylaxis :

1- ciprofloxacin 500 mg as a single dose .

2- Rifampicin 600 mg every 12 hours for 2 days .

3- I.M ceftriaxone 250 mg as a single dose .

43. Old male with symptoms suggesting Parkinsonism such as difficulty walking, resting tremors and rigidity in addition to hypotension. Then he asks about what is the most common presenting symptom of this disease

- a) Rigidity
- b) **Tremors**
- c) Unsteady Gait
- d) Hypotension

Parkinsonism is a neurological syndrome characterized by tremor, hypokinesia, rigidity, and postural instability.

Resting tremors are the presenting symptoms on 50-70% of patients with Parkinson ..

44. Which of the following is a side effect of bupropion , a drug used to help smoking cessation:

- a) Arrhythmia
- b) Xerostomia (dry mouth)
- c) **Headache**

d) Seizure

Headache (25-30%)

Dry mouth (20-25%)

Nausea (15-20%)

Weight loss (15-20%)

Insomnia (10-15%)

Adverse effects [\[edit\]](#)

Incidences of adverse effects^{[1][2][3][5][16][17]}

Very common (>10%) adverse effects include

- Insomnia (which can usually be avoided by avoiding dosing near to bedtime. It is usually transient)
- Headache

Common (1-10%) adverse effects include

- | | | | | |
|-------------|-----------------------------|------------------|---|-------------------|
| • Fever | • Alopecia | • Nausea | • Pruritus (itchiness) | • Taste disorders |
| • Asthenia | • Tremor | • Vomiting | • Sweating | |
| • Dizziness | • Concentration disturbance | • Constipation | • Urticaria (indicative of a hypersensitivity reaction) | |
| • Agitation | • Depression | • Abdominal pain | • Visual disturbance | |
| • Anxiety | • Dry mouth | • Rash | | |

Uncommon (0.1-1%) adverse effects include

- Chest pain
- Flushing
- Tachycardia (high heart rate)
- Increased blood pressure
- Confusion
- Anorexia
- Tinnitus

Rare (0.01-0.1%) adverse effects include

- | | | | | |
|------------------------|---------------------|------------------------------|---|---|
| • Postural hypotension | • Depersonalization | • Delusions | • Urinary retention | • Dyspnoea (also indicative of a hypersensitivity reaction) |
| • Vasodilation | • Parkinsonism | • Paranoid ideation | • Urinary frequency | • Bronchospasm (also indicative of a hypersensitivity reaction) |
| • Syncope | • Dystonia | • Aggression | • Elevated liver enzymes | • Anaphylactic shock (also indicative of a hypersensitivity reaction) |
| • Hypotension | • Ataxia | • Restlessness | • Jaundice | • A condition similar to serum sickness |
| • Palpitations | • Incoordination | • Blood glucose disturbances | • Hepatitis | |
| • Hallucinations | • Twitching | • Arthralgia | • Malaise | |
| • Irritability | • Abnormal dreams | • Myalgia | • Angioedema (which is indicative of a hypersensitivity reaction) | |
| • Hostility | • Memory impairment | • Erythema multiforme | | |
| • Seizures | • Paraesthesia | • Stevens Johnson syndrome | | |

45. Most effective treatment of cluster headache:

- Ergotamine nebulizer
- S/C Sumatriptan**
- 100% O₂
- IV Verapamil

The drug choice according to FDA & BNF is sumatriptan ..

Alternative, O₂ is useful too but sumatriptan more effective & first-line can do in cluster headache ..

Its aborted headache quickly even we used as SC, intranasal or oral ..

46. Old patient with HTN and migraine treatment:

- B blockers**

- b) ACE Inhibitors
- c) Ca blockers

□ **Explanation:** The most commonly used

47. Patient presented with progressive weakness on swallowing with diplopia and fatigability. The most likely underlying cause of her disease is.

- a) Antibody against acetylcholine receptors

□ **Explanation:** Diagnosis → Myasthenia Graves

48. Young adult Sickle cell patients are commonly affected with

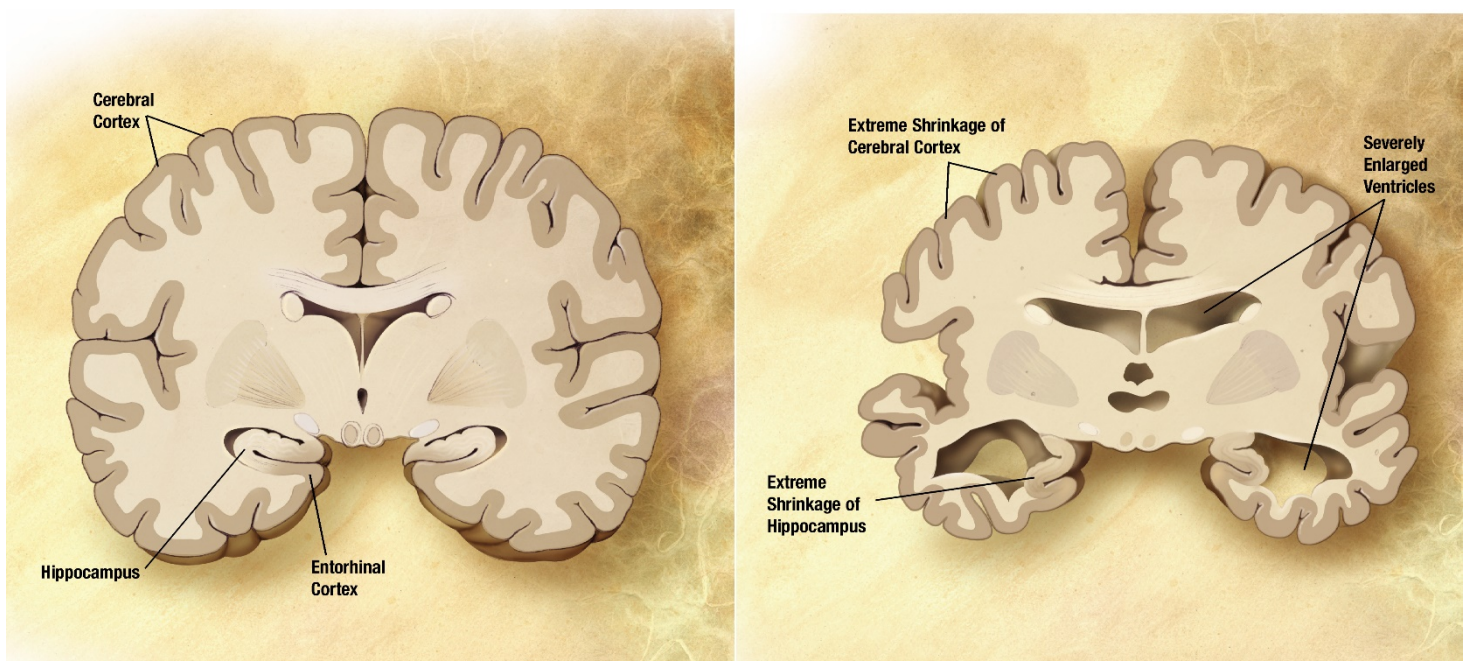
- a) dementia
- b) Multiple cerebral infarcts

□ **Explanation:** Due to sickle RBC occult anywhere ..

49. 70 years old with progressive dementia, no personality changes and neurological examination was normal but there is visual deficit, on brain CT shower cortex atrophy and ventricular dilatations, what is the diagnosis?

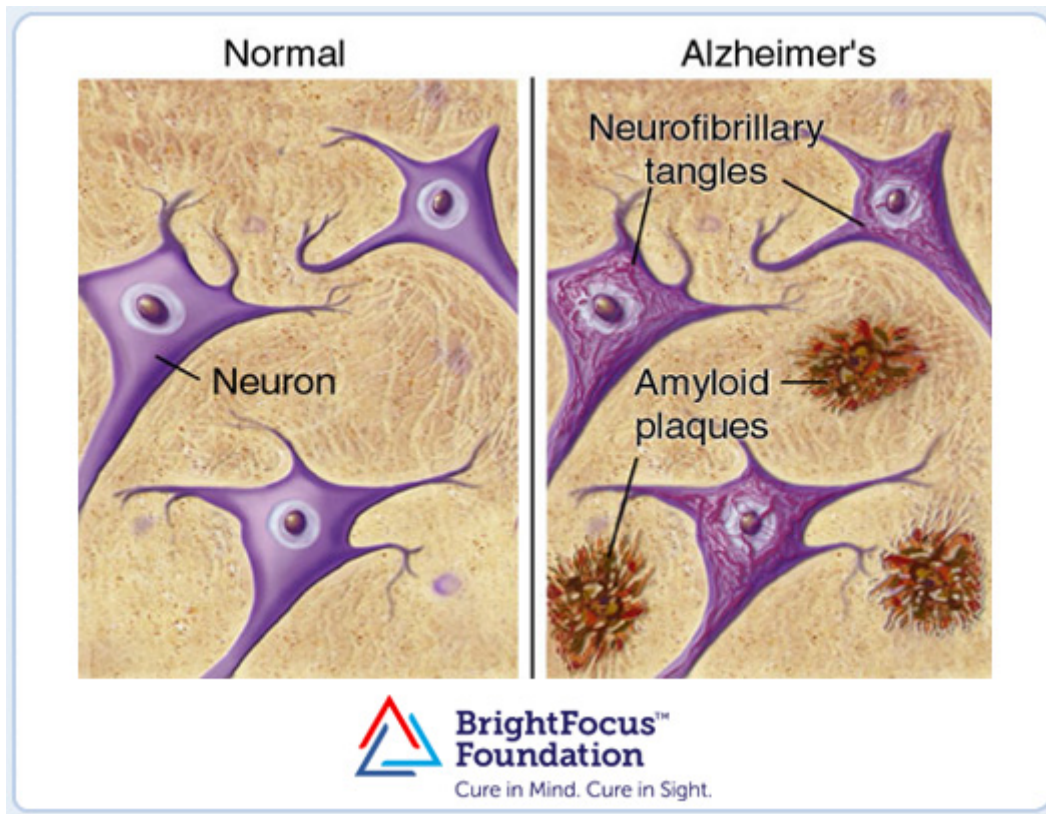
- a) Multi micro infract dementia
- b) Alzheimer dementia
- c) parkinsonism dementia

Again, Don't forgot the differentiation between healthy brain and Alzheimer brain ..



50. 70 years old with progressive dementia, on brain microscopy amyloid plaques and neurofibrillary tangles are clearly visible also Plaques are seen, what is the diagnosis?

- a) lewy dementia
- b) Parkinsonism
- c) Alzheimer



51. 87 years old who brought by his daughter, she said he is forgettable, doing mess thing in room , do not maintain attention , neurological examination and the investigation are normal, what is the diagnosis?

- a) Alzheimer disease
- b) Multi-Infarct Dementia

52. 73 year patient complain of progressive loses of memory with decrease in cognition function. C.T reveal enlarge ventricle and cortical atrophy, what is the diagnosis?

- a) Alzheimer
- b) multi infarct dementia
- c) multiple sclerosis

53. Female patient developed sudden loss of vision (both eyes) while she was walking down the street, also complaining of numbness and tingling in her feet ,there is discrepancy between the complaint and the finding, on examination reflexes and ankle jerks preserved,there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action?

- a) Call ophthalmologist
- b) Call neurologist
- c) call psychiatrist
- d) Reassure her and ask her about the stressors!

54. Female patient complaining of severe migraine that affecting her work, she mentioned that she was improved in her last pregnancy, to prevent that:

- a) Biofeedback
- b) Propranolol

Propranolol is safe, effective for migraine prevention during pregnancy/lactation ..

55. 6months boy with fever you should give antipyretic to decrease risk of:

- a) Febrile convulsion
- b) Epilepsy

56. Max dose of ibuprofen for adult is :

- a) 800
- b) 1600
- c) 3000
- d) 3200

Max Dose 3200 mg/day (as 800 mg qid) ..

57. 65 year male presented with 10 days history of hemiplegia, CT shows: infarction, he has HTN. He is on lisinopril&thiazide, 2 years back he had gastric ulcer. treatment that you should add :

- a) continue same meds
- b) Aspirin 325
- c) aspirin 81
- d) warfarin
- e) Dipyridamole (Antiplatelet agent)

58. Indication for CT brain for dementia, all true except:-

- a) Younger than 60 years old
- b) After head trauma
- c) Progressive dementia over 3 years

59. Investigation of Multiple Sclerosis include all except:

- a) Visual evoked potential
- b) LP
- c) MRI
- d) CT

60. Young man come with headache he is describing that this headache is the worst headache in his life what of the following will be less helpful?

- a) Asking more details about headache
- b) Do MRI or CT scan
- c) Skull x ray
- d) LP

61. All of the following are criteria of subarachnoid hemorrhage EXCEPT:

- a) Paraplegia
- b) confusion
- c) nuchal Rigidity
- d) Due to berry aneurysm rupture
- e) Acute severe headache

Nuchal rigidity seen in meningoencephalitis ..

62. The best treatment for the previous case is :

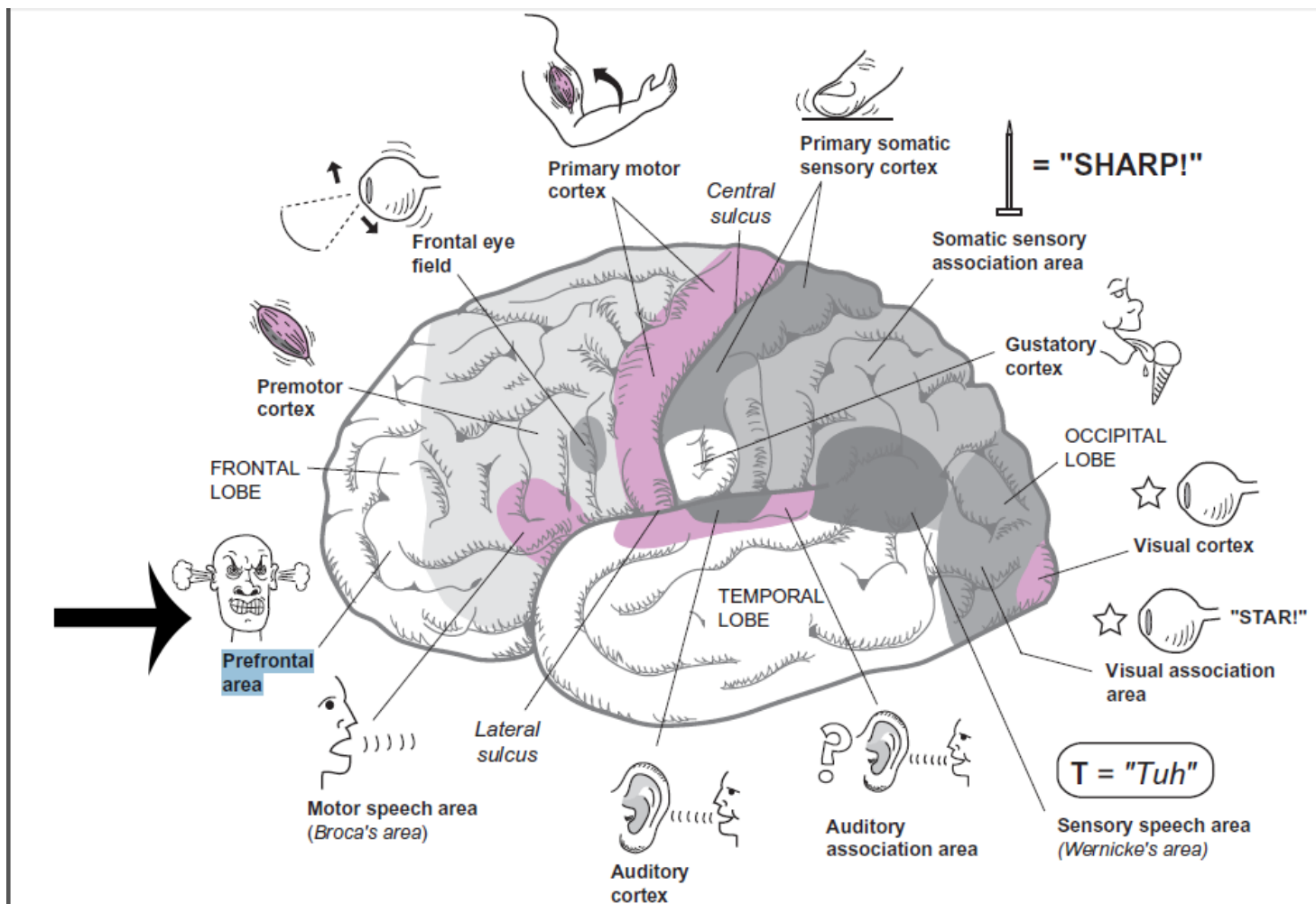
- a) Benzodiazepines
- b) Phenothiazine
- c) monoamine oxidase inhibitor
- d) selective serotonin reuptake inhibitor
- e) supportive psychotherapy

What Case :P

63. After infarction, the patient become disinhibited, angrier & restless, The area responsible which is affected:

- a) Premotor area
- b) Temporal area
- c) Pre- frontal area

I MAKE ARROW TO SEE WHICH AREA IS AFFECT ..



64. 26 years old female present with 6 month history of bilateral temporal headache increased in morning & history of OCP last for 1 year, on examination BP 120/80 & papilledema, what is the diagnosis?

- a) Encephalitis
- b) Meningitis
- c) Optic neuritis
- d) **Benign intracranial hypertension**
- e) Intracerebral abscesses

65. 60 years old male complain of decreased libido, decreased ejaculation , FBS= 6.5 mmol , increased prolactin , normal FSH & LH , do next step:

- a) Testosterone level
- b) DM
- c) NL FBG
- d) **CT of the head**

Pituitary MRI or CT if MRI is contraindicated to see if there pituitary stalk compression or disruption or tumor

..

66. A patient comes to you with long time memory loss and you diagnosed him as dementia (Alzheimer), what to do to confirm the diagnosis:

- a) CT scan

you must to exclude other causes of dementia before you make that diagnosis also with CT/MRI show cortical atrophy, ventricular enlargement ..

also you can take biopsy to confirm Alzheimer , so if biopsy not in choices you can choose CT or MRI ..

67. Side effects of Levodopa :

- a) **Dyskinesia**
- b) Speech
- c) Fatal hepatic toxicity

68. Patient present with generalized seizures not known case before of any seizure , no pervious history like that, The most important thing to do now is:

- a) EEG. After that
- b) **Laboratory test in ER**

Check electrolytes disturbance, glucose , renal , liveretc.

69. Lactating mother newly diagnosed with epilepsy, taking for it phenobarbital your advice is:

- a) Discontinue breastfeeding immediately
- b) Breast feed baby after 8 hours of the medication
- c) **Continue breastfeeding as tolerated**

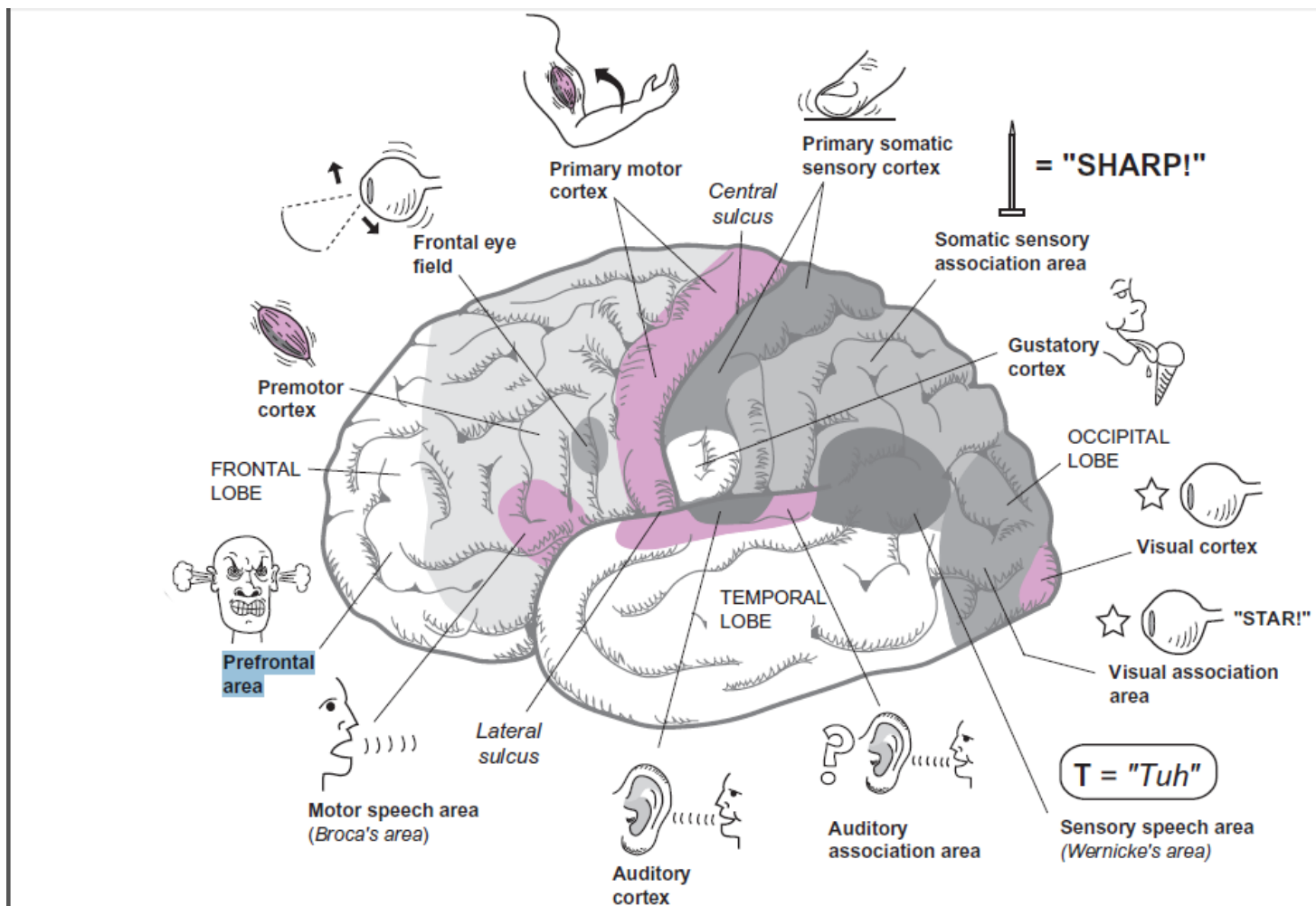
70. Sciatica:

- a) Never associated with sensory loss
- b) Don't cause pain with leg elevation
- c) Causes increased lumbar lordosis
- d) **Maybe associated with calf muscle weakness**

71. Old male with stroke, after 9 days he loss left eye vision, what are the affect structure?

- a) Frontal lobe
- b) Partial
- c) **Occipital**
- d) Temporal

Look at previous picture to see occipital lobe control vision ..



72. Male old patient has signs & symptoms of facial palsy (LMNL), which of the following correct about it?

- a) **Almost most of the cases start to improve in 2nd week**
- b) it need treatment by antibiotic and anti viral
- c) contraindicated to give corticosteroid
- d) usually about 25 % of the cases has permanent affection

Bell's Palsy most of patients improve within 2 weeks ..

73. What is the prophylaxis of meningococcal meningitis?

- a) **Rifampicin**

About chemoprophylaxis :

- 1- ciprofloxacin 500 mg as a single dose .
- 2- Rifampicin 600 mg every 12 hours for 2 days .
- 3- I.M ceftriaxone 250 mg as a single dose .

74. Patient known of epilepsy on phenytoin, presented with history of abdominal pain, bilateral axillary lymph node enlargement, what is the most like diagnosis?

- a) Hodgkin's lymphoma
- b) **Reaction to drug**
- c) TB

This is drug reaction called “ phenytoin hypersensitivity syndrome “ its occur also another antiepileptic ..

75. Old age patient presented with neck stiffness, cervical arthritis, paresthesia on palm and medial 2/3 fingers, the proper investigation:

- a) CT cervical spine
- b) NSAIDs
- c) PT
- d) Decompression of median nerve

This is cervical spondylosis which treated with NSAID & Cervical collar but if persistent MRI is indicated ..

76. Diaphoresis and hyperreflexia, what is the diagnosis?

- a) Neuroleptic malignant syndrome
- b) Imatinib toxicity
- c) odansetron toxicity

77. Young suddenly develops ear pain, facial drooping, what to do?

- a) mostly will resolve spontaneously
- b) 25% will have permanent paralysis
- c) No role of steroid

Bell's Palsy most of patients improve within 2 weeks and 5% they have permanent facial weakness ..

78. Man with high fever, Petechial rash and CSF decrease glucose, he has:

- a) Neisseria meningitis
- b) N gonorrhea
- c) H influenza

79. Romberg sign lesion in :

- a) Dorsal column
- b) cerebellum
- c) visual cortex

The cerebellum normally receives information needed to keep us upright from 2 sensory systems:

1- Vision..

2- Proprioception (via the spinal dorsal columns).

Normally, one system can compensate for loss of the other ..

With eyes closed and feet placed together, a patient who sways excessively or falls that's mean " Romberg +ve " due to having lost proprioception ..

With a cerebellar lesion, the patient will struggle to maintain posture even with eyes open ..

80. Patient with positive Romberg test, what is the affected part :

- a) Sensory cortex
- b) Motor cortex
- c) Brain stem
- d) Cerebellum

Posterior column of spinal cord is sensory.

81. In aseptic meningitis, in the initial 24 hours what will happen?

- a) Decrease protein
- b) Increase glucose
- c) Lymphocytes
- d) Eosinophils
- e) Something

First neutrophil appear then lymphocyte become appear more , also protein become increase..

82. 50 years old female have DM well controlled on metformin, now c/o diplopia RT side eye lid ptosis and loss of adduction of the eyes and up word and out word gaze !! reacting pupil no loss of visual field:

- a) Faisal palsy
- b) Oculomotor palsy of the right side
- c) Myasthenia gravies

83. increase IgG in CSF:

- a) Multiple sclerosis
- b) Duchene dystrophy

Elevated Y-globulin IgG in CSF of multiple sclerosis ..

84. Brain cell death in Alzheimer disease (not recognized his wife and fighting with her)

- a) Temporal lobe
- b) Cerebellum
- c) Parietal lobe
- d) Occipital lobe

85. Old male had history of MI. He presented with hemiplegia of the right side for 6 hours and diagnosed with stroke. His medication is atorvastatin and antihypertensive, he had history of gastric ulcer 3 years ago, you will add on:

- a) Aspirin
- b) t-PA
- c) Anticoagulant

86. A case of band like headache throbbing associated with stress. What's the diagnosis?

- a) Tension
- b) Cluster
- c) Migraine

87. A man with severe headache high ESR, what is the treatment?

- a) Aspirin
- b) Pinicillamine
- c) Corticosteroid

This is case of temporal arteritis which prednisolone is very important to give him quickly before become blind ..

88. 72 years old Man with loss of vision in one eye , jaw claudication :

- a) Temporal arteritis.

Clinclal Features of Giant cell arteritis (temporal arteritis) :

1- Headache 90%

2- Temporal artery tenderness 85%

3- Scalp tenderness 75%

4- Jaw claudication 70%

5- Thickened/nodular temporal artery 35%

6- Pulseless temporal artery 40%

7- Visual symptoms (including blindness) 40%

8- Polymyalgic symptoms 40%

9- Systemic features 40%

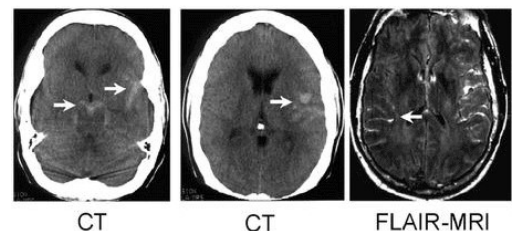
10- CVA or MI but its rare ..

89. Child with meningitis symptoms and no nuchal rigidity, what's the next diagnostic investigation?

- a) CSF

90. Patient with sudden severe occipital headache came to emergency.

- a) Subarachnoid Hemorrhage
- b) Intracerebral Hemorrhage
- c) Meningitis



- The classic symptom of subarachnoid hemorrhage is thunderclap headache (a headache described as "like being kicked in the head", or the "worst ever", developing over seconds to minutes). This headache often pulsates towards the occiput (the back of the head).
- Intracerebral Hemorrhage: Patients with intraparenchymal bleeds have symptoms that correspond to the functions controlled by the area of the brain that is damaged by the bleed.[3] Other symptoms include those that indicate a rise in intracranial pressure due to a large mass putting pressure on the brain. Intracerebral hemorrhages are often misdiagnosed as subarachnoid hemorrhages due to the similarity in symptoms and signs. A severe headache followed by vomiting is one of the more common symptoms of intracerebral hemorrhage. Some patients may also go into a coma before the bleed is noticed

91. Which drug contra indication in cluster headache?

- a) **Superbion** “ because caused headache and we don’t want to worse that cluster headache “
- b) Lithium
- c) Valium

92. exaggerated reflex in jaw , no fasciculation , difficulty in swallowing :

- a) **pseudobulbar palsy**

93. A case of a man who ride a motorcycle and make an accident then had a basal skull fracture. He developed a loss of taste, and loss of sensation in the Anterior 2/3 of the tongue, and deviation of the angle of mouth. If u will choose one nerve injury. which nerve u will choose?

- a) CN I (Olfactory)
- b) CN III (Oculomotor)
- c) CN V (Trigeminal)
- d) CN VI (Abducens)
- e) **CN VII(facial)**

Trigeminal nerve have sensory axons in the trigeminal nerve carry nerve impulses for touch, pain, and thermal sensations (heat and cold).

One branch of trigeminal nerve is mandibular nerve contains sensory axons from the anterior two-thirds of the tongue (not taste) ..

Facial nerve have sensory axons extend from the taste buds of the anterior two thirds of the tongue (taste) ..

Also, Facial nerve control with facial muscles which is caused deviation of mouth ..

94. Patient on aspirin, phenytoin for seizures came to clinic for routine follow up, on examination she has bilateral painless lymph nodes, no other symptoms or signs, lymph node biopsy showed hyperplasia.
DDx:
- a) Chronic lymphocytic leukemia.
 - b) Hodgkin lymphoma
 - c) TB
 - d) Most likely it is side effect of phenytoin
95. A middle age man presented with severe headache after heavy lifting objects. His BP was high. He was fully conscious. Examination was otherwise normal. the most likely diagnosis is:
- a) Subarachnoid hemorrhage
 - b) Central HTN
 - c) Tension headache
 - d) Migraine
 - e) intracranial hemorrhage
96. Patient with echolalia, echopraxia, poor hygiene, insomnia, and weird postures. Treatment? (catatonia)
- a) Lithium
 - b) Benzodiazepines
97. Romberg sign lesion in
- a) Sensory cortex.
98. pt can't direct the spoon to his mouth
- a) Lesion in cerebellum
99. Old male patient with headache and lower back pain. X-ray of spine shows multiple lytic lesion and head X-ray shows moth eaten appearance. What is the appropriate next step:
- a) X-ray of chest
100. Typical case of Parkinson's disease, cognitive impairment, shuffling gait and pin rolling tremor what is the diagnosis:
- a) Parkinson's disease
101. What is true about Alzheimer's disease:
- a) Brain atrophy is not unusually generalized
 - b) frontal sulci are less widened than occipital sulci
102. Case of Migraine headache what is the treatment:
- a) Sumatriptan
103. Common cause of intracranial hemorrhage:
- a) Hypertension
104. First sign of increased intracranial pressure:
- a) HTN.

105. Patient with tingling of the little finger, atrophy of the hypothenar, limitation of the neck movement, Xray shows degenerative cervicitis, EMG study shows ulnar nerve compression, what will you do:
- a) Surgical cubital decompression
106. Drug used in smoking cessation c/I in pt : M-N
- a) History of seizure
107. patient with bradycardia, hyperkalemia, hyponatremia ,with muscle weakness whats the cuz of his weakness M-N
- a) Hyperkalemia
- b) hyponatremia
- c) uremia

Rheumatology



1. An elderly lady presented with chronic knee pain bilaterally that increases with activity & decreases with rest, The most likely diagnosis is:

- a) Osteoarthritis
- b) Rheumatoid arthritis
- c) Septic arthritis

Osteoarthritis increase in age and female that chronic pain progressive more and increase with activity and relief by rest ..

Also, morning stiffness occur or stiffness when sit longer ..

You see its in hip, knee and hand and other joints ..

in investigation lab test become normal unless they have causes that caused secondary osteoarthritis ..

X-ray changes doesnot that clear early but changes become seen lately: subchondral bony sclerosis, thickening (osteophyte formatioin), subchondral cyst formation , spur formation, loss of cartilage with narrowing of joint space and mal-alignment ..

2. An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:

- a) Osteoporosis
- b) Osteoarthritis
- c) Rh. Arthritis

3. Old patient with bilateral knee swelling, pain, normal ESR:

- a) Gout
- b) Osteoarthritis
- c) RA

Rarely osteoarthritis had raised ESR but its occur when inflammatory effusion is present but that make diagnosis misleading than helpful ..

4. What is the initial management for a middle age patient newly diagnosed knee osteoarthritis.

- a) Intra-articular corticosteroid.
- b) Reduce weight
- c) Exercise.
- d) Strengthening of quadriceps muscle.

Could be Intra-articular corticosteroids because he said what initial management and as we know intracrticular corticosteroid help symptoms temporarily ..

Reduce weight is best especially for knee osteoarthritis because our weight lifting on knee, and weight loss show reduce progressive change and pain in knee osteoarthritis ..

Exercise could be difficult to knee osteoarthritis due to pain on it, but they can do another exercise to reduce his weight like swimming which good for them ..

Strengthening muscles around joints also helpful but first he must reduce his weight then he can strength muscles around joint to improve his condition ..

5. The useful exercise for osteoarthritis in old age to maintain muscle and bone:

- a) Low resistance and high repetition weight training
- b) Conditioning and low repetition weight training
- c) Walking and weight exercise

Walking is a best but that depending about location of OA if have knee osteoarthritis may be pain become so limited ..

Also , I said before Swimming is good ..

6. Male patient present with swollen erythema, tender of left knee and right wrist, patient give history of international travel before 2 month, aspiration of joint ravel, gram negative diplococcic, what is most likely organism?

- a) Neisseria gonorrhea “ yeah, its –ve diplococcic “
- b) staphcoccus
- c) streptococcus

7. Triad of heart block, uveitis and sacroiliatis, diagnosis:

- a) Ankylosing Spondylitis
- b) lumbar stenosis
- c) multiple myeloma

8. Patient have urethritis now com with left knee, urethral swap positive puss cell but negative for neisseria meningitides and chlamydia

- a) RA
- b) Reiter's disease
- c) Gonococcal

☐ A classic triad of features including : arthritis, conjunctivitis/iritis and either urethritis or cervicitis ..

9. Patient with Rheumatoid Arthritis he did an X-Ray for his fingers and show permanent lesion that may lead to permanent dysfunction, what is the underlying process?

- a) Substance the secreted by synovial

10. Which of following favor diagnosis of SLE?

- a) Joint deformity

- b) Lung cavitation
- c) Sever Raynaud phenomenon
- d) **Cystoid body in retina**
- e) Anti RNP+

11. Patient with Rheumatoid arthritis on hand X-Ray there is swelling what you will do for him

- a) **NSAID**
- b) Injection steroid
- c) positive pressure ventilation

☐ If there is DMARD choose it

12. True about dermatomyositis:

- a) associated with inflammatory bowel disease
- b) **Indicate underlying malignancy**
- c) present as distal muscle weakness

its symmetric proximal muscle weakness (not distal) associated with malignancy (15-25%)

13. Psuedogout:

- a) Phosphate
- b) Calcium
- c) Florida
- d) **Calcium pyrophosphate**

Calcium pyrophosphate dehydrate (CPPD) deposition

14. Patient complaints of abdominal pain and joint pains, the abdominal pain is colicky in character, and accompanied by nausea, vomiting and diarrhea. There is blood and mucus in the stools. The pain in joints involved in the ankles and knees, on examination there is purpura appear on the legs and buttocks:

- a) Meningococcal Infections
- b) Rocky Mountain Spotted Fever
- c) Systemic Lupus Erythematosus
- d) **Henoch schonlein purpura**

15. Long scenario, bone mineral density ,having T score - 3.5,, so diagnosis is

- a) Osteopenia
- b) **Osteoporosis**
- c) Normal
- d) Rickets disease

- Normal bone mineral density (T score > -1)
- Osteopenia (T score between -1 and -2.5)

- Osteoporosis (less than -2.5)

16. Patient with HTN and use medication for that, come complain of pain and swelling of big toe (MTJ) on light of recent complain which of following drug must be change?

- a) **Thiazide**

□side effect of Thiazide is gout

17. Elderly came with sudden loss of vision in right eye with headache, investigation show high CRP and high ESR, what is the diagnosis?

- a) **Temporal arteritis**

18. Old female patient with osteoporosis, what is exogenous cause?

- a) Age
b) **Decreased vitamin D**

19. Patient with cervical spondylitis came with atrophy in Hypothenar muscle and decreased sensation in ulnar nerve distribution. Studies showed alertness in ulnar nerve function in elbow..to ur action is :

- a) Physiotherapy
b) **Cubital tunel decompression**

Treatment is initially nonoperative, with rest, ice, NSAIDs, night-time extension splinting, or occasional cast immobilization for 2–3 weeks.

For patients with continued symptoms or significant deinervation on nerve conduction study/electromyography (NCS/EMG), surgery involves decompression and possibly anterior transposition of the ulnar nerve ..

20. Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles, EMG showed Ulnar tunnel compression of the ulnar nerve, what is your action now:

- a) Steroid injection
b) CT scan of the spine
c) **Ulnar nerve decompression**

21. Polymyalgia Rheumatica case with elevated ESR , other feature :

- a) Proximal muscle weakness
b) **Proximal muscle tenderness**

Its have proximal muscle pain & may tenderness and stiffness but muscles strength is usually normal and you think its have weakness but facts its may limited by pain ..

22. Patient came with osteoarthritis & swelling in distal interphalangeal joint, what is the name of this swelling?

- a) Bouchard nodes

b) **Heberden's nodes**

Heberden nodes (distal interphalangeal joint) ..

Bouchard nodes (proximal interphalangeal joint) ..

23. An 80 year old lady presented to your office with a 6 month history of stiffness in her hand, bilaterally. This stiffness gets worse in the morning and quickly subsides as the patient begins daily activities. She has no other significant medical problems. On examination the patient has bilateral bony swellings at the margins of the distal interphalangeal joints on the (2nd-5th) digits. No other abnormalities were found on the physical examination. These swellings

a) **Heberden's nodes**

b) Bouchard's nodes

c) Synovial thickenings

d) Subcutaneous nodules



represent :

☐ **Explanation:** the history suggests osteoarthritis which has both heberden's nodes and bouchard's; depending on the location the names of the nodes differ heberden's nodes are at the DIPJ while bouchard's nodes are at the PIPJ. Reference: Saunders' pocket essentials of Clinical medicine (parveen KUMAR)

24. Regarding Boutonniere deformity which one is true

a) **Flexion of PIP & hyperextension of DIP.**

b) Flexion of PIP & flexion of DIP

c) Extension of PIP & flexion of DIP.

d) Extension of PIP & extension of DIP

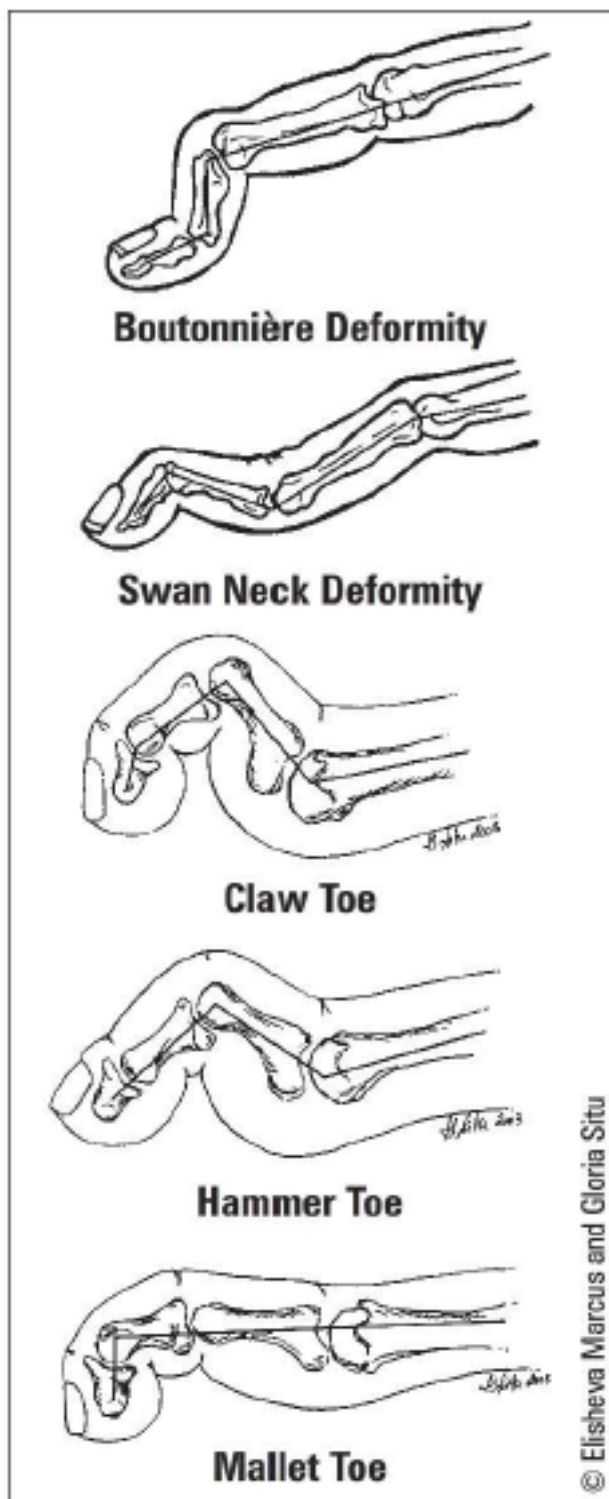


Figure 8. Joint Deformities

25. Patient has history of parotid and salivary gland enlargement complains of dry eye, mouth and skin, lab results HLA-B8 and DR3 ANA positive, rheumatoid factor positive, what is the course of treatment?
- a) physostigmin
 - b) Eye drops with saliva replacement
 - c) NSAID
 - d) plenty of oral fluid

26. Young patient with red, tender, swollen big left toe 1st metatarsal, tender swollen foot and tender whole left leg. His temperature 38, what is the diagnosis?

- a) Cellulitis
- b) Vasculitis
- c) Gout Arthritis

27. Patient elderly with unilateral headache, chronic shoulder and limb pain, positive Rheumatoid factor and positive ANA, what is the treatment?

- a) Aspirin
- b) Indomethacin
- c) Corticosteroid

28. Patient with recurrent inflammatory arthritis (migratory) and in past she had mouth ulcers now complaining of abdominal pain what is the diagnosis

☐ [Read about causes of migratory arthritis](#)

29. Acute Gout management :

- a) Allopurinol
- b) NSAID
- c) Paracetamol
- d) Gold salt

30. Treatment of acute gouty arthritis

- a) Allopurinol
- b) Indomethacin
- c) Penicillamine
- d) Steroid

31. Best investigation for Giant Cell Arteritis

- a) Biopsy from temporal arteritis

[Gold standard diagnostic study: histopathological examination of temporal artery biopsy specimen..](#)

32. Patient with rheumatoid arthritis came to you and asking about the most effective way to decrease joint disability in the future, your advice will be:

- a) Cold application over joint will reduce the morning stiffness symptoms
- b) Disease modifying antirheumatic drugs are sufficient alone

33. Osteoporosis depend on

- a) Age
- b) Stage
- c) Gender

34. 30 years old male with hx of pain and swelling of the right knee, synovial fluid aspiration showed yellow color opaque appearance, variable viscosity. WBC = 150,000 , 80% neutrophil, poor mucin clot, Dx is :

- a) Goutism Arthritis
- b) Meniscal tear
- c) RA
- d) **Septic arthritis**
- e) Pseudogout arthritis

☐ **Explanation:** WBC>50,000 with poly predominance>75% is suspicious for bacterial infection

35. Juvenile Idiopathic Arthritis treatment :

- a) **Aspirin**
- b) Steroid
- c) Penicillamine
- d) Hydrochloroquin
- e) Paracetamol

36. Man with pain and swelling of first metatarso-phalangeal joint. Dx:

- a) **Gout "also called Podagra"**

37. Rheumatoid Arthritis:

- a) **Destruction in articular cartilage**
- b) M=F
- c) No nodules
- d) Any synovial joint
- e) HLA DR4

☐ **Explanation:**

a→ is true plus destruction of bones b→

is false the M:F is 1:3

c→ is false Nodules are present in elbows & lungs d→ is false

because it doesn't affect the dorsal & lumbar spines e→ is

true but it also affects HLA DR1

38. Pseud-gout is

- a) **CACO3**
- b) CACL3

- Gout : Deposition of Monosodium Urate Monohydrate, –ve of birefringent, needle shape
- Pseudogout : Deposition of Calcium Pyrophosphates Dehydrate crystal, +ve birefringent, rhomboid shape, (CACO3)

39. Patient present with SLE, The least drug has side effect:

- a) Methotrexate
- b) name of other chemotherapy

40. 14years girl with arthralgia and photosensitivity and malar flush and proteinuria , so diagnosis is :

- a) RA
- b) **Lupus Nephritis**
- c) UTI

41. Which of the following is a disease improving drug for RA :

- a) NSAID
- b) **Hydroxychloroquine**

☐ Disease Modifying Anti-Rheumatic Drugs (DMARDs) :

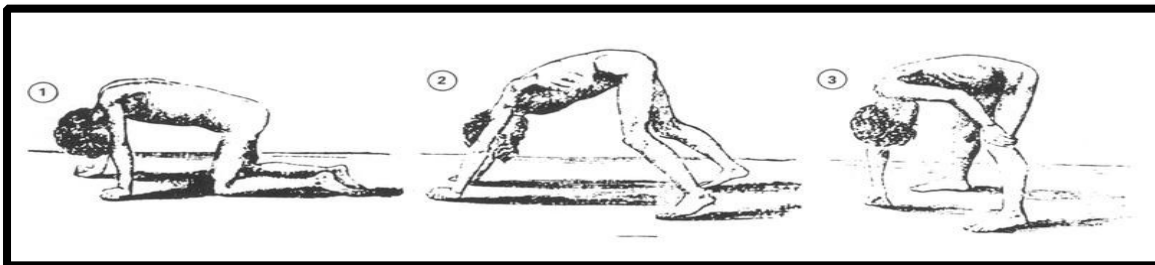
- Chloroquine & Hydroxychloroquine
- Cyclosporin A
- D-penicillamine
- Gold salts
- Infliximab
- Methotrexate (MTX)
- Sulfasalazine (SSZ)

42. Child with positive Gower sign which is most diagnostic test :

- a) **Muscle biopsy**

☐ Gowers' sign indicates weakness of the proximal muscle of the lower limb. seen in Duchenne muscular dystrophy & myotonic dystrophy “hereditary diseases”

Or you can use genetic test



43. 27 years old male has symmetric oligoarthritis, involving knee and elbow, painful oral ulcer for 10 years, came with form of arthritis and abdominal pain. Dx is:

- a) **Behjets disease**
- b) SLE
- c) Reactive arthritis
- d) UC
- e) Wipple's disease

- **Explanation:** The diagnosis of Behçet disease was clarified by an international study group (ISG) .This group developed ISG criteria, which currently are used to define the illness. At least 3 episodes of oral ulceration must occur in a 12-month period. They must be observed by a physician or the patient and may be herpetiform or aphthous in nature.

- **At least 2 of the following must occur:**

- 1) recurrent, painful genital ulcers that heal with scarring;
- 2) ophthalmic lesions, including anterior or posterior uveitis, hypopyon, or retinal vasculitis;
- 3) skin lesions, including erythema nodosum, pseudofolliculitis, or papulopustular lesions
- 4) pathergy, which is defined as a sterile erythematous papule larger than 2 mm in size appearing 48 hours after skin pricks with a sharp, sterile needle (a dull needle may be used as a control).
- 5) Neurologic manifestations: The mortality rate is up to 41% in patients with CNS disease. This tends to be an unusual late manifestation 1-7 years after disease onset: Headache - 50% , Meningoencephalitis - 28% , Seizures - 13% , Cranial nerve abnormalities - 16% , Cerebellar ataxia , Extrapyrarnidal signs, Pseudobulbar palsy , Hemiplegia or paralyis , Personality changes ,Incontinence ,Dementia (no more than 10% of patients, in which progression is not unusual)
- 6) Vasculopathy: Behçet disease is a cause of aneurysms of the pulmonary tree that may be fatal. DVT has been described in about 10% of patients, and superficial thrombophlebitis occurred in 24% of patients in the same study. Noninflammatory vascular lesions include arterial and venous occlusions, varices, and aneurysms.
- 7) Arthritis: Arthritis and arthralgias occur in any pattern in as many as 60% of patients. A predilection exists for the lower extremities, especially the knee. Ankles, wrist, and elbows can also be primarily involved. The arthritis usually is not deforming or chronic and may be the presenting symptom and rarely involves erosions. The arthritis is inflammatory, with warmth, redness, and swelling around the affected joint.Back pain due to sacroiliitis may occur.
- 8) Gastrointestinal manifestations: Symptoms suggestive of IBD, Diarrhea or gastrointestinal bleeding, ulcerative lesions (described in almost any part of the gastrointestinal tract) , Flatulence ,Abdominal pain, Vomiting and Dysphagia.
- 9) Other manifestations : Cardiac lesions include arrhythmias, pericarditis, vasculitis of the coronary arteries, endomyocardial fibrosis, and granulomas in the endocardium, Epididymitis , Glomerulonephritis Lymphadenopathy , Myositis, Polychondritis

44. Dermatomyositis came with the following symptoms:

- a) **Proximal muscle weakness**
- b) Proximal muscle tenderness

45. Patient is 74 years female complaining of pain and stiffness in the hip and shoulder girdle muscles. She is also experiencing low grade fever and has depression. O/E: no muscle weakness detected. Investigation of choice is

- a) RF
- b) Muscle CK
- c) **ESR**

☐ Typical presentation of Polymyalgia rheumatic

46. Female patient diagnosed as Polymyalgia Rheumatica, what you will find in clinical picture to support this diagnosis

- a) osteophyte in joint radiograph
- b) **Tenderness of proximal muscle**
- c) weakness of proximal muscle

d) Very high ESR

☐ Polymyalgia Rheumatica is a syndrome with pain or stiffness, usually in the neck, shoulders, and hips, caused by an inflammatory condition of blood vessels. Predisposes to temporal arteritis ☐ Usually treated with oral Prednisone

47. Which drug causes SLE like syndrome:

- a) **Hydralazine**
- b) Propranolol
- c) Amoxicillin

- anti-convulsants (phenytoin)
- anti-hypertensives (hydralazine)
- anti-arrhythmics (procainamide)
- isoniazid (INH)
- biologics
- oral contraceptive pills associated with exacerbation
- anti-histone antibodies are commonly seen in drug-induced lupus

48. Most important point to predict a prognosis of SLE patient :

- a) **Degree of renal involvement**
- b) sex of the patient
- c) leucocyte count

Poor prognostic factor: major organ involvement ..

49. Patient was presented by back pain relieved by ambulation, what is the best initial treatment:

- a) Steroid injection in the back.
- b) Back bracing.
- c) **Physical therapy "initial treatment"**

50. Diet supplement for osteoarthritis

- a) **Ginger** " its can be as anti-inflammatory "

51. In patient with rheumatoid arthritis:

- a) Cold app. over joint is good
- b) Bed rest is the best
- c) **Exercise will decrease post inflammatory contractures**

- Rheumatoid arthritis (RA) is a chronic, systemic inflammatory disorder that may affect many tissues and organs, but mainly joints. It involves an inflammation of the capsule around the joints (synovium)
- Increased stiffness early in the morning is often a prominent feature of the disease and typically lasts for more than an hour. Gentle movements may relieve symptoms in early stages of the disease

52. Gouty arthritis negative pirfringes crystal what is the mechanism :

a) Deposition of uric acid crystal in synovial fluid due to over saturation

- Gout (also known as Podagra when it involves the big toe) is a medical condition characterized by recurrent attacks of acute inflammatory arthritis — a red, tender, hot, swollen joint. The metatarsal-phalangeal joint at the base of the big toe is the most commonly affected (50% of cases). However, it may also present as tophi, kidney stones or urate nephropathy
- Mechanism: disorder of purine metabolism, and occurs when its final metabolite, uric acid, crystallizes in the form of monosodium urate, precipitating in joints, on tendons, and in the surrounding tissues

53. Old patient with history of bilateral pain and crepitations of both knee for years now come with acute RT knee swelling, on examination you find that there is edema over dorsum and tibia of RT leg, what is the best investigation for this condition?

a) Right limb venogram

54. 40 years old male come to you complaining of sudden joint swelling, no history of trauma, no history of chronic disease, what is the investigation you will ask?

- a) CBC for WBCs
- b) ESR
- c) MRI of knee joint
- d) Rheumatoid factor

55. Female with sudden blindness of right eye, no pain in the eye, there is temporal tenderness when combing hair, what is the management?

- a) eye drop steroid
- b) oral steroid
- c) IV steroids

- **Giant-cell arteritis** (temporal arteritis): inflammatory disease of blood vessels most commonly involving large and medium arteries of the head, predominately the branches of the external carotid artery. It is a form of vasculitis.
- **Treatment:** Corticosteroids, typically high-dose prednisone (40–60 mg), must be started as soon as the diagnosis is suspected (even before the diagnosis is confirmed by biopsy) to prevent irreversible blindness secondary to ophthalmic artery occlusion. Steroids do not prevent the diagnosis from later being confirmed by biopsy, although certain changes in the histology may be observed towards the end of the first week of treatment and are more difficult to identify after a couple of months. The dose of prednisone is lowered after 2–4 weeks, and slowly tapered over 9–12 months. Oral steroids are at least as effective as intravenous steroids, except in the treatment of acute visual loss where intravenous steroids appear to be better

56. Patient with oral ulcer, genital ulcer and arthritis, what is the diagnosis?

- a) Behçet's disease
- b) syphilis
- c) herpes simplex

☐ **Behçet's disease:** rare immune-mediated systemic vasculitis, described as triple-symptom complex of recurrent oral aphthous ulcers, genital ulcers, and uveitis. As a systemic disease, it can also involve visceral organs and joints

57. Patient with history of 5 years HTN on thiazide, came to ER midnight screaming holding his left foot, O/E pt a febrile, Lt foot tender erythema, swollen big toe most tender and painful, no other joint involvement

- a) cellulitis
- b) **Gouty arthritis**
- c) septic arthritis

☐ one of the Thiazide side effect is Hyperuricemia which predisposes to Gout

58. Joint aspirate, Gram stain reveal gram negative diplococcic (N. gonorrhea), what is the treatment?

- a) **Ceftriaxone IM or cefepime PO one dose**

ceftriaxone or cefixime PO single dose ..

59. Child with back pain that wake patient from sleep , So diagnosis (incomplete Q)

- a) lumbar kyphosis
- b) Osteoarthritis
- c) Juvenile Rheumatoid Arthritis
- d) Scoliosis

☐ JRA or Juvenile Idiopathic Arthritis (JIA) is the most common form of persistent arthritis in children. JIA may be transient and self-limited or chronic. It differs significantly from arthritis seen in adults. The disease commonly occurs in children from the ages of 7 to 12

60. Patient with pain in sacroiliac joint, with morning stiffness, X-ray of sacroiliac joint, all will be found EXCEPT:

- a) RF negative
- b) **Subcutaneous nodules**
- c) male > female

• **this is ankylosing spondylitis ..**

61. Allopurinol, one is true:

- a) Effective in acute attack of gout.
- b) **decreases the chance of uric acid stone formation in kidneys**
- c) Salicylates antagonize its action

• **Explanation:** Indication of Allopurinol: Prevention of attacks of gouty arthritis uric acid nephropathy. [but not in acute attack]

- Allopurinol is used to treat Hyperuricemia along with its complications “chronic gout & kidney stones”

62. Mechanism of destruction of joint in RA :

- Swelling of synovial fluid
- Anti-inflammatory cytokines attacking the joint**

Over recent years it has become clear that certain cytokines are important in RA

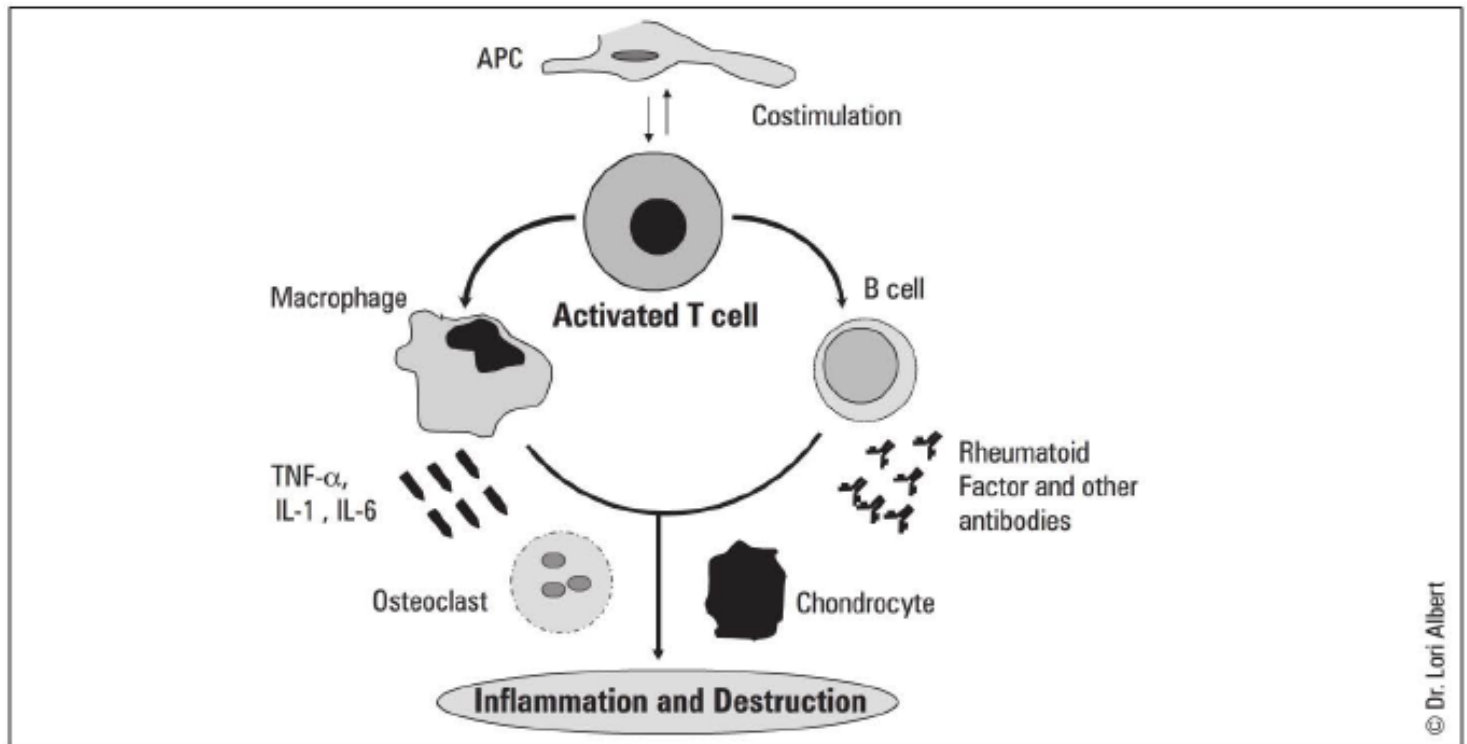


Figure 7. Immune Pathways in RA

63. 28 years old woman came to your clinic with 2 months history of flitting arthralgia. Past medical history: Unremarkable. On examination: she is a febrile. Right knee joint: mild swelling with some tenderness, otherwise no other physical findings. CBC: HB 124 g/L = 12.4 g\dl) WBC: $9.2 \times 10^9/L$ ESR: 80 mm/h Rheumatoid factor: Negative, VDRL: Positive, Urine: RBC 15-20/h PF Protein 2+, The MOST appropriate investigation at this time is:

- Blood culture.
- A.S.O titer.
- C-reactive protein.
- Double stranded DNA.**
- Ultrasound kidney.

☐ **Explanation:** young female, with a joint problem, high ESR, Proteinuria and a positive VDRL (which is false positive in SLE). Blood culture is not needed (patient is a febrile, inflammatory features in the joint aren't so intense), A.S.O. titer is also not top in your list although post streptglomerulonephritis is possible but not top in the list since its more common in pediatric age group. So the answer would be double stranded DNA which is one of the serology criteria in SLE

- anti-dsDNA and anti-Smith are specific for SLE (95-99%)

64. Commonest organisms in Septic arthritis:

- a) Staphylococcus aureus
- b) Streptococci
- c) N. gonorrhea

but if young sexually active adults n.gonorrhea was accounted for 75% of septic arthritis

65. ulnar nerve entrapment what is your action :

- a) cubital fossa release

66. A painful knee with swelling and positive ballotman test. What's the next best step in investigation?

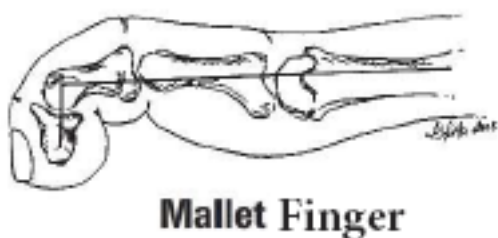
- a) CBC
- b) MRI
- c) CT
- d) Arthrocentesis

67. 74 years old female patient of Cushing's syndrome, had hip fracture falling off stool, what will you screen for while also treating her fracture:

- a) Hyperparathyroidism
- b) Osteomyelitis
- c) Osteoporosis
- d) Osteomalacia

68. 30 age women with sharp pain in the index finger increase with using scissors or nail cut which cause sharp pain at the base of the finger in metacarpophalangeal joint and the finger become directed downward in (mean flexed DIP) and cause pain when try to extend the finger..

- a) trigger finger
- b) tendon nodule
- c) Dupuytren's Contracture
- d) mallet finger



☐ loss of extensor tendon continuity at the DIPJ causes the joint to rest on an abnormally flexed position the classic mechanism of injury is a finger held rigidly in extension or nearly full extension (medicine)

69. 65 years old female patient who has a 10 years history of symmetrical polyarthritis is admitted to the hospital, i and synovitis of the wrists, examination reveals splenomegally, ulceration over lateral malleol shoulders and knees, investigation shows WBC 2500 ,the most likely diagnosis is:

- a) Felty's syndrome

A triad of Felty Syndrome approximately 1% of patients with rheumatoid arthritis have splenomegaly and neutropenia ..

70. typical scenario of giant cell arteritis w/ as the rx

- a) steroid

Use I.V. steroid when it has eye symptoms ..

71. What is the best way for bone and muscle to prevent aging process.

- a) Low resistance exercises with conditioning

72. Patient with dysphagia, ptosis, and double vision, his disease is due to;

- a) Antibodies to acetylcholine receptors.

73. Hx of trauma in DIP (finger hyperextension) with palm pain: (incomplete Q)

- a) Extraarticular fracture in DIP
- b) Intraarticular fracture in DIP
- c) Superficial tendon tears
- d) Tendon profundus tears ??

Avulsion of the flexor digitorum profundus tendon :

This injury is caused by sudden hyperextension of the distal joint, typically when a game player catches his finger on an opponent's shirt.

The ring finger is most commonly affected.

The flexor digitorum profundus tendon is avulsed, either rupturing the tendon itself or taking a fragment of bone with it.

If the bone fragment is small, or if only the tendon is ruptured, it can recoil into the palm.

If the lesion is detected within a few days (and the diagnosis is easily missed if not thought about), then the tendon can be re-attached.

If the diagnosis is much delayed, repair is likely to be unsuccessful.

Two-stage tendon reconstruction is possible but difficult, and the finger may end up stiff.

Thus, for late cases, tenodesis or fusion of the distal joint is usually preferable.

74. Adult male during exercise he suddenly felt pain in the middle of his rt. Thigh posteriorly. On exam. He has discoloration in the same site and mass in the hamstring ms. No bone tenderness or palpable defect.

Mx:

- a) Surgery
- b) Splint
- c) Bandage
- d) **Ice, elevation and bandage**
- e) Cast.

75. 30 years old female patient came c/o irregular period and LMP was 6 months back. She also has bony pain all around her body. She works indoors and when going out, she covers herself. She had history of several yrs of multiple fractures caused by minimal trauma. Lab results shows low Ca , low Ph and high alkaline phosphatase . All vitamin levels were normal except for vitamin A which is low. Labs didn't include vitamin D " it was not even mentioned ", What is the diagnosis?

- a) Paget disease
- b) Osteoporosis secondary to menopause
- c) **Osteomalacia secondary to hypovitaminosis**

Table 11.22 Changes in serum calcium, phosphate and alkaline phosphatase in main bone disorders

	Calcium	Phosphate	Alkaline phosphatase
Osteoporosis	↔	↔	↔
Osteomalacia	↓ (May be ↔)	↔ (May be ↓)	↑
Paget's disease	↔ (May be ↑ in fracture)	↔	↑
Primary hyperparathyroidism	↑	↓	↔
Secondary hyperparathyroidism	↓ (May be ↔)	↔	↔ (May be ↑)
Hypoparathyroidism	↓	↑	↔

76. Patient after URTI later on develop proximal muscle weakness , most probably:

- a) **Guillain-Barr syndrome**
- b) Osteoarthritis.

A history of weakness preceded by respiratory or GI infection suggests GBS ..

77. Patient came with left arm stiffness and pain, he can't abducted his arm .. dx

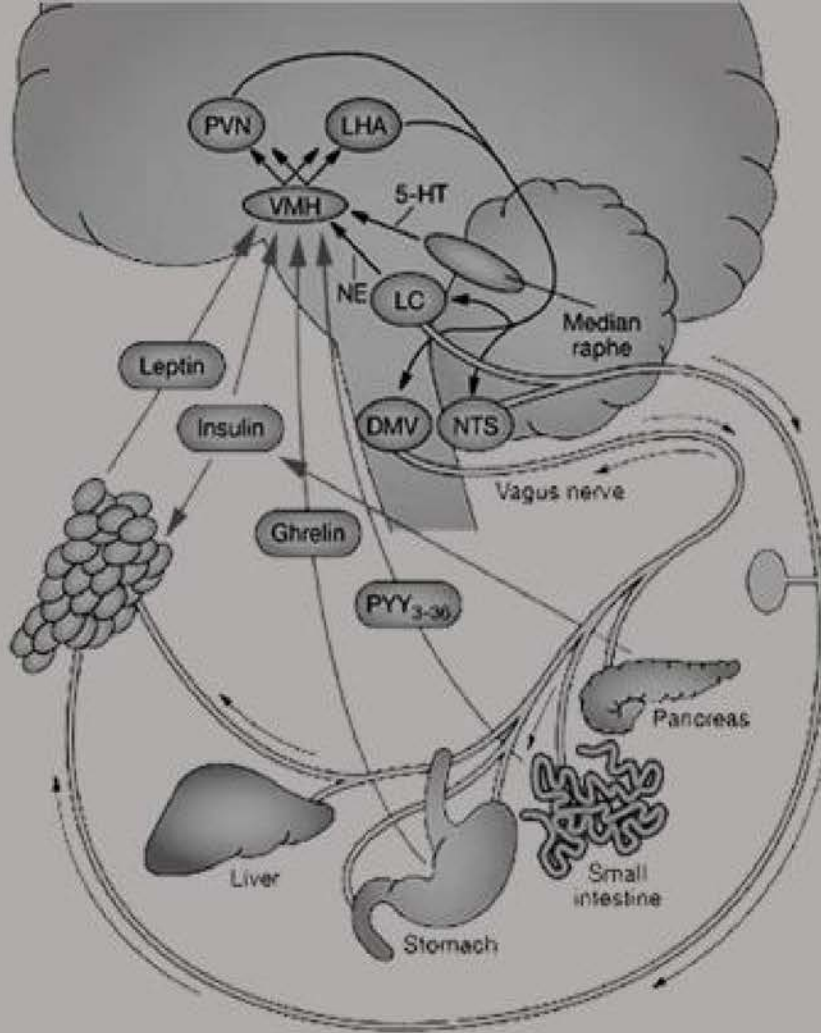
- a) subacromial bursitis
- b) **glenohumeral arthritis**

Abduction starts at 0 degrees; the early phase of movement takes place almost entirely at the glenohumeral joint ..

So, when glenohumeral arthritis occur they cannot initiate abduction of his arm ..

Pain in the mid-range of abduction suggests a minor rotator cuff tear or supraspinatus tendinitis ..

Pain at the end of abduction is often due to acromioclavicular arthritis ..



Endocrinology

1. Patient known case of DM type 2 on insulin, his blood sugar measurement as following: morning= 285 mg/dl, at 3 pm= 165 mg/dl, at dinner time= 95 mg/dl. What will be your management:

- a) Increase evening dose of long acting insulin
- b) Decrease evening dose of short acting insulin
- c) Decrease evening dose of long acting insulin
- d) Increase evening dose of short acting insulin

This is Somogyi effect which can treated by :

1- eliminating dose of intermediate insulin at dinnertime and giving it at a lower dosage at bedtime ..

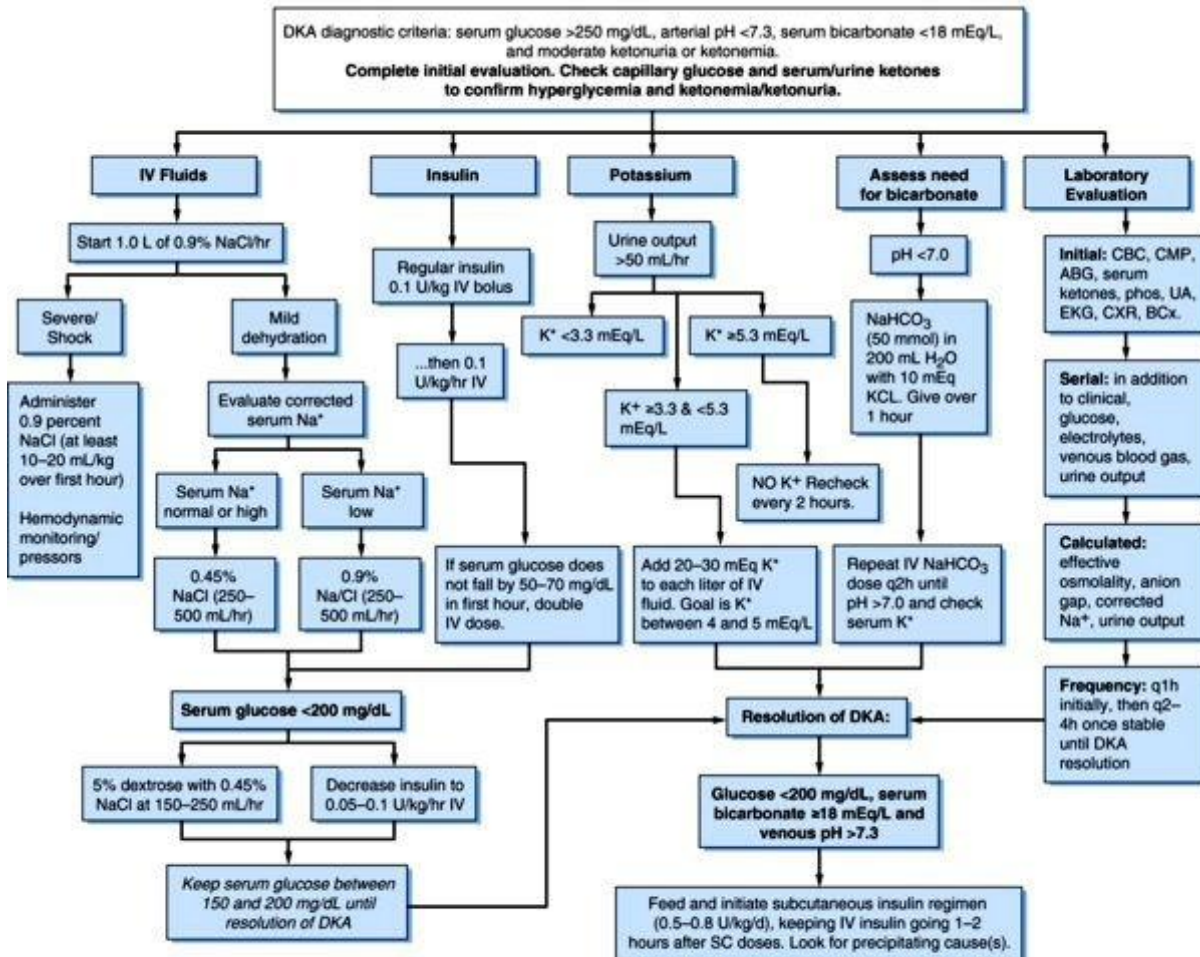
2- Or by supplying more food at bedtime ..

3- When a waning insulin level is the cause, then either increasing the evening dose or shifting it from dinnertime to bedtime (or both) can be effective.

2. Patient known case of IDDM, presented with DKA, K= 6 mmol/L and blood sugar= 350 mg/dl. You will give him:

- a) IV fluid
- b) IV fluid and insulin
- c) Sodium bicarbonate

DIABETIC KETOACIDOSIS (DKA), TREATMENT



Kitabchi AE, Wall BM. Management of diabetic ketoacidosis. *Am Fam Physician*. 1999;60(2):455–464.
 Kitabchi AE, Umpierrez GE, Miles JM, et al. Hyperglycemic crises in adult patients with diabetes. *Diabetes Care*. 2009;32(7):1335–1343.
 Trachtenberg DE. Diabetic ketoacidosis. *Am Fam Physician*. 2005;71(9):1705–1714.

3. Patient increase foot size 39 >> 41.5 and increase size of hand and joint which hormone

- a) Thyropine
- b) Prolactin
- c) ACTH
- d) Somatotropic hormone “ known as Growth Hormone”

4. Typical symptom of diabetic ketoacidosis what is the mechanism?

- a) No insulin → fat acid utilization →keton

Diabetic Ketoacidosis (DKA)

Pathophysiology

- Usually occurs in Type 1 DM
- Insulin deficiency with $\uparrow$ counterregulatory hormones (glucagon, cortisol, catecholamines, GH)
- Can occur with lack of insulin (non-adherence, inadequate dosage, 1st presentation) or increased stress (surgery, infection, exercise)
- Unrestricted hepatic glucose production $\rightarrow$ hyperglycemia $\rightarrow$ osmotic diuresis $\rightarrow$ dehydration and electrolyte disturbance $\rightarrow$ $\downarrow$ Na^+ (pseudohyponatremia)
- Fat mobilization $\rightarrow$ $\uparrow$ FFA $\rightarrow$ ketoacids $\rightarrow$ metabolic acidosis
- Severe hyperglycemia exceeds the renal threshold for glucose and ketone reabsorption $\rightarrow$ glucosuria and ketonuria
- Total body K^+ depletion but serum K^+ may be normal or elevated 2° to shift from ICF to ECF due to lack of insulin, $\uparrow$ plasma osmolality
- Total body PO_4^{3-} depletion

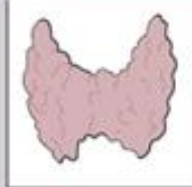
5. Patient came with whitish discharge from the nipple, her investigation show pituitary adenoma, which hormone responsible for this?

a) Prolactin

6. T4 high, Free T3 high TSH low diagnosis

a) Immune thyroiditis

This is hyperthyroidism and could be occur as a forms of :

Graves' disease	Multinodular goitre	Single hot nodule	Thyroiditis	Other – very rare
 • 75% • Diffusely 'hot' on $^{99\text{Tc}}$ scan • TSH receptor antibody (TRAb) • 50% 'cure' after 18 months carbimazole	 • 15% • Female • About 60 years old	 • 5%	 • 5% • Viral (mumps, coxsackie, adenovirus) • $\uparrow$ ESR • Painful thyroid, $\uparrow$ in size • $\uparrow$ T_4 for 4–6/52; normal T_4 at 6/12 or hypothyroid • Diffusely low $^{99\text{Tc}}$ uptake	• <1% 1. I_2 induced, e.g. amiodarone (2% patients) 2. Extrathyroidal T_4 • Factitious • Ovarian tumour (Struma ovarii) 3. TSH induced • Pituitary tumour • Choriocarcinoma

BOTH RELAPSE AFTER MEDICAL TREATMENT, $\rightarrow$ Surgery or ^{131}I

1- Graves Disease which is the most common form: diffuse goiter and thyrotoxicosis ..

2- Toxic multinodular goiter which second most common form ..

3- Toxic adenoma which seen in younger patients ..

4- Iodine-induced hyperthyroidism ..

5- Thyroiditis which become transient autoimmune process :

A- subacute thyroiditis/De Quervain: Granulomatous giant cell thyroiditis, benign course; viral infection have been involved ..

B- Postpartum thyroiditis: Autoimmune thyroiditis that last up to 8 weeks and in 60% patients; hypothyroidism manifests in future ..

C- Drug-induced thyroiditis: amiodarone, interferon, lithium ..

D- Suppurative: infection ..

E- Hashitoxicosis: Autoimmune destruction of thyroid ..

7. Young male with unilateral gynecomastia

- a) Stop soya product
- b) compression bra at night
- c) **It will resolve by itself**

In teenage males, only reassurance and follow-up for check if resolve spontaneously ..

Prognosis:

Type 1: Resolves spontaneously ..

Type 2: Clears without treatment (may take up to 2 years) ..

Type 3: Little change without substantial weight loss ..

Drug-induced: Drug withdrawal should result in resolution of gynecomastia in most cases ..

Other causes: Outcome depends on etiology ..

Good results with SC mastectomy: High degree of postoperative satisfaction (82%) ..

8. 42 year sold with thyroid mass, what is the best to do?

- a) **FNA**

FNA provides most diagnostic information in evaluation of thyroid mass ..

9. Hypothyroid patient on thyroxin had anorexia, dry cough and dyspnea& left ventricular dysfunction. She had normal TSH & T4 levels, Hyperphosphatemia&hypocalcemia. The diagnosis is:

- a) Primary hypoparathyroidism
- b) Secondary hypoparathyroidism
- c) Hypopituitarism
- d) Uncontrolled hyperthyroidism

10. Patient with DM-II has conservative management still complaining of weight gain and polyuria, give:

- a) Insulin short acting
- b) Metformin
- c) Long acting insulin

11. 34 years old female patient presented with terminal hair with male hair distribution and has female genital organs. The underlying process is:

- a) Prolactin over secretion
- b) Androgen over secretion

Like polycystic ovary syndrome which produce androgen and hair become more like man ...

12. Female patient presented with symptoms of hyperthyroidism, tender neck swelling & discomfort. She had low TSH & high T4 level. The diagnosis is:

- a) Subacute thyroiditis
- b) Thyroid nodule
- c) Grave's disease

- **Thyroiditis:** Inflammation of the thyroid gland. Common types are subacute granulomatous, radiation, lymphocytic, postpartum, and drug-induced (e.g., amiodarone) thyroiditis.
- **Signs &symptoms:** In subacute and radiation, presents with tender thyroid, malaise, and URI symptoms.
- **Diagnosis:** Thyroid dysfunction (typically hyperthyroidism followed by hypothyroidism), all with ↓ uptake on RAIU
- **Treatment:** β-blockers for hyperthyroidism; levothyroxine for hypothyroidism, Subacute thyroiditis: Antiinflammatory medication.

13. Pancreatitis

- a) Amylase is slowly rising but remain for days
- b) Amylase is more specific but less sensitive than lipase
- c) Ranson criteria has severity (predictive) in acute pancreatitis
- d) Pain is increased by sitting and relieved by lying down
- e) Contraceptive pills is associated

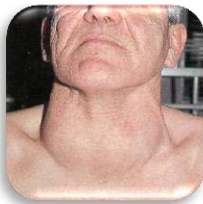
- The Ranson and Glasgow scoring systems are based on such parameters and havebeen shown to have 80% sensitivity for predicting a severe attack, although only after 48 hours following presentation.
- Risk mortality is 20% with 3-4 signs, 40% with 5-6 signs, 100% 7 signs.

Ranson's criteria	Glasgow's criteria
On admission Age > 55 years old WBC count > 16×10^9 cell/L Blood glucose level > 10 mmol/L LDH > 700 IU/L AST > 250 sigma frankel units	On admission Age > 55 years old WBC count > 15×10^9 cell/L Blood glucose level > 10 mmol/L Serum urea level > 16 mmol/L PaO ₂ < 8kPa (60 mmHg)
Within 48 hours Blood urea nitrogen (BUN) > 5mg% PaO ₂ < 8kPa Serum calcium < 2 mmol/L Base deficit > 4 mmol/L Fluid sequestration > 6L	Within 48 hours Serum calcium < 2 mmol/L Serum albumin < 32 g/L LDH > 600 IU/L AST/ALT > 600 IU/L

14. Primary hyperaldosteronism associated with:

- a) Hyponatremia
- b) Hypomagnesemia
- c) **Hypokalemia**
- d) Hyperkalemia

15. Patient presents with this picture only, no other manifestations "organomegaly or lymphadenopathy"
what is the diagnosis?



- a) Mononucleosis
- b) **Goiter**
- c) Lymphoma

16. Thyroid cancer can be from

- a) Hypothyroidism
- b) **Graves' disease**
- c) Toxic nodule

☐ Best answer is B " there is a higher incidence of thyroid neoplasia in patients with Graves' disease

17. Patient is complaining of irritation, tachycardia, night sweating, labs done showed TSH: Normal, T4: High, diagnosis is:

- a) **Grave's disease**
- b) Secondary Hypothyroidism
- c) Hashimoto's thyroiditis

18. 8 years old boy which is 6 year old height & bone scan of 5.5 years, what is the diagnosis?

- a) Steroid
- b) Genetic
- c) Hypochondriplasia

d) **Hypothyroidism**

- Will see in Hypothyroidism bone age delay ..

19. Hirsutism associated with which of the following?

- a) **Anorexia**
- b) Juvenal hypothyroidism
- c) Digoxin toxicity
- d) c/o citrate

20. 60 years old male complain of decreased libido, decreased ejaculation, FBS= 6.5 mmol, increased prolactin, normal FSH and LH, what is the next step?

- a) Testosterone level
- b) DM
- c) NL FBG
- d) **CT of the head**

21. Single thyroid nodule showed high iodine uptake, what is the best treatment?

- a) Radio Iodine 131
- b) Send home
- c) **Antithyroid medication**
- d) Excision if present

22. Thyrotoxicosis include all of the following, Except:

- a) **Neuropathy**
- b) Hyperglycemia
- c) Peripheral Proximal myopathy

Hyperglycemia occur in hyperthyroidism which see glycosuria ..

So, I think neuropathy is false because occur in hypothyroidism not hyperthyroidism ..

Symptoms	Signs
Weight loss Increased appetite Irritability/behaviour change Restlessness Malaise Stiffness Muscle weakness Tremor Choreoathetosis Breathlessness Palpitation Heat intolerance Itching Thirst Vomiting Diarrhoea Eye complaints* Goitre Oligomenorrhoea Loss of libido Gynaecomastia Onycholysis Tall stature (in children) Sweating *Only in Graves' disease	Tremor Hyperkinesia Psychosis Proximal myopathy Proximal muscle wasting Onycholysis Palmar erythema Tachycardia or atrial fibrillation Full pulse Warm vasodilated peripheries Systolic hypertension Cardiac failure Graves' dermopathy* Thyroid acropachy Pretibial myxoedema Exophthalmos* Lid lag and 'stare' Conjunctival oedema Ophthalmoplegia* Periorbital oedema Goitre, bruit Weight loss *Only in Graves' disease



Figure 19.18 Hyperthyroidism: symptoms and signs. Bold type indicates symptoms or signs of greater discriminant value.

23. The most active form is:

- T4
- T3**
- TSH

24. 45 years old presented with polyurea, urine analysis showed glucosurea & negative ketone, FBS 14mmol.

What is the best management of this patient?

- Intermediate IM insulin till stable
- NPH or Lent insulin 30mg then diet
- Sulphonylurea
- Diabetic diet only
- Metformin**

- In older patients the first approach is by diet only, especially that he is not clearly into glucose toxicity
- Tablet treatment for DM II are used in association with dietary treatment when diet alone fails starting with Metformin if no contraindications

25. A 30 years old teacher complaining of excessive water drinking and frequency of urination, on examination Normal. You suspect DM and request FBS = 6.8 .the Dx is :

- DM
- DI
- Impaired fasting glucose**
- NL blood sugar
- Impaired glucose tolerance

Impaired Fasting glucose when range become between 5.6-7.0 mmol/L which became asymptomatic ..

- Although reading of FBS suggest an impaired fasting glucose, but this does not explain the symptoms (as patients with prediabetes are asymptomatic.so, DI is a reasonable answer.
- In patients who present with symptoms of uncontrolled diabetes (eg, polyuria, polydipsia, nocturia, fatigue, weight loss) with a confirmatory random plasma glucose level of >200 mg/dL (11.1 mmol/dl), diabetes can be diagnosed. In asymptomatic patients whose random serum glucose level suggests diabetes, a fasting plasma glucose (FPG) concentration should be measured.
- The oral glucose tolerance test no longer is recommended for the routine diagnosis of diabetes.
- An FPG level of >126 mg/dL (7mmol) on 2 separate occasions is diagnostic for diabetes.
- An FPG level of 110-125 mg/dL (6.1 – 6.94 mmol) is considered impaired IFG.
- An FPG level of <110 mg/dL (6.1) is considered normal glucose tolerance, though blood glucose levels above >90 mg/dL (5mmol) may be associated with an increased risk for the metabolic syndrome if other features are present.

26. 42 years old female presented with 6 month Hx of malaise , nausea & vomiting, lab Na = 127 , K = 4.9 , Urea= 15, creatinine = 135, HCO₃ = 13, glucose = 2.7 mmol, the most likely Dx:

- a) hypothyroidism
- b) pheochromocytoma
- c) hypovolemia due to vomiting
- d) SIADH
- e) **Addison's disease**

Addison's Disease in Lap Tests :

1- Hyponatremia ..

2- Hyperkalemia ..

3- Hypoglycemia ..

4- Metabolic acidosis ..

5- Elevated BUN , creatinine ..

6- and many tests you can review at yourself ..

27. In DKA, use

- a) **Short and intermediate acting insulin**
- b) Long acting insulin.

☐ Short acting insulin is most preferred to avoid causing hypoglycemia. Also important measures in treatment of DKA are fluid and potassium replacement along for searching for a source of infection and treating it.

28. Metformin , which is true :

- a) Cause hypoglycemia
- b) Cause weight gain
- c) Suppress gluconeogenesis

Its decreasing gluconeogenesis (reduces hepatic glucose production) and increasing peripheral utilization of glucose (increase glucose uptake)..

it rarely causes hypoglycaemia.

29. Hyperprolactinemia associated with all of the following except :

- a) Pregnancy
- b) Acromegaly
- c) OCP
- d) Hypothyroidism

- **All are associated with hyperprolactinemia**
- The diagnosis of hyperprolactinemia should be included in the differential for female patients presenting with **oligomenorrhea, amenorrhea, galactorrhea, or infertility** or for male patients presenting with **sexual dysfunction**. Once discovered, hyperprolactinemia has a broad differential that includes many normal physiologic conditions.
- **Pregnancy** always should be excluded unless the patient is postmenopausal or has had a hysterectomy. In addition, hyperprolactinemia is a normal finding in the postpartum period. Other common conditions to exclude include a nonfasting sample, excessive exercise, a history of chest wall surgery or trauma, renal failure, and cirrhosis. Postictal patients also develop hyperprolactinemia within 1-2 hours after a seizure. These conditions usually produce a prolactin level of less than 50 ng/mL.
- **Hypothyroidism**, an easily treated disorder, also may produce a similar prolactin level.
- If no obvious cause is identified or if a tumor is suspected, MRI should be performed.

30. Patient came to you & you found his BP to be 160/100, he isn't on any medication yet. Lab investigations showed: Creatinine (normal), Na 145 (135-145), K 3.2 (3.5-5.1), HCO₃ 30 (22-30), what is the diagnosis?

- a) essential hypertension
- b) pheochromocytoma
- c) addisons disease
- d) Primary hyperaldosteronism

To remember its opposite to Addison's which that's decrease and this is increase in aldosterone ..

☐ Patient with high sodium, low k, and high bicarbonate ➔ Primary hyperaldosteronism

31. A 46-year-old man, a known case of diabetes for the last 5 months. He is maintained on Metformin 850 mg Po TID, diet control and used to walk daily for 30 minutes. On examination: unremarkable. Some investigations show the following: FBS 7.4 mmol/L, 2 hr PP 8.6 mmol/L, HbA_{1c} 6.6% , Total Cholesterol 5.98 mmol/L, HDLC 0.92 mmol/L, LDL 3.88 mmol/L, Triglycerides 2.84 mmol/L (0.34-2.27), Based on evidence, the following concerning his management is TRUE:

- a) The goal of management is to lower the triglycerides first.
- b) The goal of management is to reduce the HbA1c.
- c) **The drug of choice to reach the goal is Fibrates.**
- d) The goal of management is $LDLC \leq 2.6 \text{ mmol/L}$.
- e) The goal of management is total cholesterol $\leq 5.2 \text{ mmol/L}$.

Normal HbA1c:

for non-diabetic adult: 2.2-5 %

diabetic adult : <7%

So, we didn't concern here ..

About Lipid profile become risky to CAD which must lower by fibrates, they acts mainly by decreasing serum triglycerides which they have variable effects on LDL & cholesterol ..

In diabetic type 2 , fibrates can be added to a statin for those with serum triglyceride concentration exceeding 2.3 mmol/litre despite 6 months of treatment with a statin and optimal glycemic control ..

32. Regarding the criteria of the diagnosis of diabetes mellitus, the following are true EXCEPT:

- a) Symptomatic patient plus casual plasma glucose $\geq 7.6 \text{ mmol/L}$ is diagnostic of diabetes mellitus
- b) FPG $\geq 7.0 \text{ mmol/L}$ plus 2 h-post 75 gm glucose $\geq 11.1 \text{ mmol/L}$ is diagnostic of diabetes mellitus
- c) FPG $\leq 5.5 \text{ mmol/L}$ = normal fasting glucose.
- d) FPG $\geq 7.0 \text{ mmol/L}$ = provisional diagnosis of diabetes mellitus and must be confirmed in another setting **in asymptomatic patient**
- e) 2-h post 75 gm glucose $\geq 7.6 \text{ mmol/L}$ and $< 11.1 \text{ mmol/L}$ = impaired glucose tolerance.

I Didn't understand the question what they want because there more than answers are false !

The criteria for diagnosis :

1- HbA1c $\geq 6.5 \%$ is diagnostic ..

2- Hyperglycemic crisis + random plasma glucose $\geq 200 \text{ mg/dL}$ ($\geq 11.1 \text{ mmol/L}$) ..

3- Fasting plasma glucose $\geq 126 \text{ mg/dL}$ ($\geq 7.0 \text{ mmol/L}$) on 2 occasions ..

4- 2-hour plasma glucose $\geq 200 \text{ mg/dL}$ ($\geq 11.1 \text{ mmol/L}$) during oral glucose tolerance test (OGTT) with 75-g glucose load ..

If equivocal, recommend repeat testing ..

33. 36 years old female with FBS= 14 mmol&glucosuria, without ketones in urine, the treatment is:

- a) Intermittent I.M. insulin NPH
- b) Sulphonylurea + diabetic diet
- c) Diabetic diet only.
- d) **Metformin**

34. A 30 years male presented with polyuria, negative keton, Random blood suger 280 mg/dl. management:

- a) Nothing done only observe
- b) Insulin 30 U NPH+ diet control
- c) Diet and exercise
- d) Oral hypoglycemic

He in hyperglycemic now, use oral hypoglycemia ..

35. Thyroid cancer associated with:

- a) Euthyroid
- b) hyperthyroid
- c) hypothyroid
- d) graves

36. Old patient take hypercalcemic drugs and developed gout, what is responsible drugs?

- a) frosamide
- b) Thiazide

37. Pathological result from thyroid tissue showed papillary carcinoma, the next step:

- a) Surgical removal
- b) Apply radioactive I131
- c) Give antithyroid drug
- d) Follow up the patient

38. A cervical lymph node is found to be replaced with a well differentiated thyroid tissue. At the operation there are no palpable lesions in the thyroid gland. The operation of choice is:

- a) Total thyroidectomy & modified dissection
- b) Total thyroidectomy and radical neck dissection
- c) Total thyroidectomy
- d) Thyroid lobectomy and removal of all local lymph nodes
- e) Thyroid lobectomy and isthmuslectomy and removal of all local enlarged lymph nodes.

39. Which is true about DM in KSA?

- a) Mostly are IDDM
- b) Most NIDDM are obese

40. Female come with manifestations of hypothyroidism, sleeping, myxedema, cold intolerance, now she suffer from difficulty in breathing, wheezing, TSH= normal, T4 normal, Ca = decrease, phosphorus= normal

ALP= normal, what is your diagnosis?

- a) Secondary hypoparathyroidism

41. Patient comes with diarrhea, confusion and muscle weakness he suffers from which?

- a) Hypokalemia

- b) hyperkalemia
- c) hypercalcemia

42. The FIRST step in the management of acute hypercalcemia should be:

- a) Correction of deficit of Extra Cellular Fluid volume.
- b) Hemodialysis.
- c) Administration of furosemide.
- d) Administration of mithramycin.
- e) Parathyroidectomy.

43. Type 1 diabetic, target HA1C

- a) 9
- b) 8
- c) 6.5

≥

44. 19 years old athlete, his weight increase 45 pound in last 4 months. In examination, he is muscular, BP 138/89, what is the cause?

- a) Alcohol
- b) Cocaine abuse
- c) Anabolic steroid use

45. Adult had a history of palpitation, sweating and neck discomfort for 10 days , lab CBC normal , ESR 80 , TSH 0.01, F T4 high , what is the diagnosis?

- a) Graves' disease
- b) subacute thyroiditis
- c) hashimoto thyroiditis
- d) toxic multinodular goiter

46. Old diabetic patient who still have hyperglycemia despite increase insulin dose, the problem with insulin in obese patients is:

- a) Post receptor resistance

47. Female come to the clinic with her baby of 6 month, she had tremor and other sign I forgot it, which of the following is most likely diagnosis?

- a) Hashimoto
- b) Postpartum thyroiditis
- c) hyperthyroidism
- d) sub acute thyroiditis
- e) hypothyroidism

48. Diabetic patient on insulin and metformin has renal impairment. What's your next step?

- a) Stop metformin and add ACE inhibitor

49. Cushing syndrome best single test to confirm

- a) plasma cortisol

- b) ATCH
- c) Dexamethasone Suppression test

50. The following more common with type 2 DM than type 1 DM:

- a) Weight loss “ more in type 1 but could occur in type 2 “
- b) Gradual onset “ type 2 can be asymptomatic with gradual changes “
- c) Hereditary factors “ Genetic factors can occur in both and family history is important for both “
- d) HLA DR3+-DR4 “ that special for type 1 only “

Really, I Didn't understand question !

51. Patient was presented by tremor, fever ,palpitation ,diagnosed as case of hyperthyroidism, what is your initial treatment:

- a) Surgery.
- b) Radio iodine
- c) Beta blockers
- d) Propylthioracil

☐Thyroid storm “ Thyroid crisis “ treated with: First B-blocker then Propylthiouracil because we are afraid of arrhythmias

52. Patient with truncal obesity, easy bruising, hypertension, buffalo hump, what is the diagnosis?

- a) Cushing

53. Blood sugar in DM type 1 is best controlled by :

- a) Short acting insulin
- b) Long acting
- c) Intermediate
- d) Hypoglycemic agents
- e) Basal and bolus insulin.

☐ Very vague question. We can exclude hypoglycemic agents. Short acting insulin is best in emergencies like DKA as it can be given IV. We can use either long acting alone daily or a mixture of short & intermediate acting insulin daily. Basal & bolus, (short acting + intermediate or long), bolus of short-acting or very-short acting insulin before meals to deal with the associated rise in blood-sugar levels at these times. In addition, they take an evening injection of long- or intermediate-acting insulin that helps normalize their basal (fasting) glucose levels. This offers greater flexibility and is the most commonly adopted method when intensified insulin therapy is used to provide optimal glycemic control.

54. Well known case of DM was presented to the ER with drowsiness, in the investigations: Blood sugar = 400 mg/dl, pH = 7.05, what is your management?

- a) 10 units insulin + 400 cc of dextrose
- b) 0.1 unit/kg of insulin , subcutaneous
- c) NaHCO.
- d) One liter of normal saline

DKA, first Fluids ..

55. Pregnant patient came with neck swelling and multiple nodular non-tender goiter the next evaluation is:

- a) Thyroid biopsy
- b) Give anti-thyroid medication
- c) Radiation Iodine
- d) TSH & Free T4, or just follow up

Postpartum thyroiditis ..

56. Old patient with neck swelling, nodular, disfiguring, with history of muscle weakness, cold intolerance , hoarseness, what is your management :

- a) Levothyroxine
- b) Carbamazole
- c) Thyroid lobectomy
- d) Radio-active iodine

This case could be thyroid cancer which became hypothyroid and lobectomy or partial thyroidectomy is indicate ..

57. Pregnant woman with symptoms of hyperthyroidism , TSH low :

- a) **Propylthiouracil**
- b) Radio-active iodine
- c) Partial thyroidectomy

Propylthiouracil remain drug choice in first trimester but in second trimester consider switching to carbimazole because potential risk of hepatotoxicity with propylthiouracil ..

Both cross placenta and in high dose may cause fetal goiter and hypothyroidism ..

58. You received a call from a father how has a son diagnosed recently with DM-I for six months, he said that he found his son lying down unconscious in his bedroom, What you will tell him if he is seeking for advice?

- a) Bring him as soon as possible to ER
- b) **Call the ambulance**
- c) Give him his usual dose of insulin
- d) Give him IM Glucagon
- e) Give him Sugar in Fluid per oral

59. Diabetic patient on medication found unconscious his blood sugar was 60, what is the most common to cause this problem?

- a) **Sufonylurease**
- b) Bigunides

Bigunides is rare to cause hypoglycemia ..

60. 40 years old male, presented with large hands, Hepatomegaly, diagnosis :

- a) **Acromegaly**
- b) Gigantism

61. The cause of insulin resistance in obese is:

- a) ☐insulin receptors kinase activity
- b) ☐number of insulin receptor
- c) ☐circulation of anti-insulin
- d) ☐insulin production from the pancreas
- e) ☒**post-receptor action**

62. Patient with DM presented with limited or decreased range of movement passive and active of all directions of shoulder

- a) **Frozen shoulder**
- b) Impingment syndrome
- c) Osteoarthritis

63. Female not married with normal investigation except FBS=142. RBS196, what is the treatment?

- a) give insulin subcutaneous
- b) advice not become married
- c) barrier contraceptive is good
- d) **BMI control**

64. Younger diabetic patient came with abdominal pain, vomiting and ketones smelled from his mouth.

What is frequent cause?

- a) Insulin mismanagement
- b) Diet mismanagement

65. 70 years Saudi diabetic male suddenly fell down, this could be:

- a) Maybe the patient is hypertensive and he developed a sudden rise in BP.
- b) He might had forgot his oral hypoglycemic drug
- c) Sudden ICH which raise his ICP.

The first choice low blood pressure fall down suddenly like orthostatic hypotension but not be in coma unless he in shock !

The second choice could be hypoglycemia coma or hyperglycemia coma and that's depending about history & Lab results ..

The third choices if increase ICP then altered of conscious became gradually not suddenly unless they no one notice him suffer until became in coma ..

66. Patient present with constipation "hypothyroidism", To confirm that the patient has hypothyroidism:

- a) T4
- b) TSH
- c) Free T4

67. Which of the following medications should be avoided in diabetic nephropathy?

- a) Nifedipine
- b) losartan
- c) lisinopril
- d) Thiazide

68. Which of the following indicate benign thyroid lesion?

- a) Lymphadenitis

Benign thyroid tumors are adenomas, involutinary nodules, cysts or localized thyroiditis ..

Most adenomas are of follicular type and usually become solitary and encapsulated and compress adjacent thyroid ..

69. Patient come to you for checkup, he has DM his blood sugar is well controlled, but his BP is 138/86 , all other physical examination show no abnormality including neurological examination, he is following regularly in ophthalmology clinic, What you will put in your plan to manage this patient?

- a) Giving ACE inhibitor " goal for BP fo DM : 130/80"

70. Female patient with hypothyroidism, TSH high but he did not give the total T4 nor free, pulse normal, BP normal, she is on thyroxin, what you will do?

- a) Increase thyroxin follow after 6 months
- b) Increase thyroxin follow after 3 months
- c) decrease thyroxin follow after 6 months

- d) decrease thyroxin follow after 3 months

TSH high mean there still hypothyroid which you must increase dose after 4-6 weeks ..
After TSH become normal you can decrease a dose and follow up every 6 months ..

71. All causes hyperprolactinemia, EXCEPT:

- a) Pregnancy
- b) Acromegaly
- c) Methyldopa
- d) Allopurinol
- e) Hypothyroidism

72. DM1

- a) HLA DR4

73. Difference between primary and secondary hyperaldosteronism :

- a) Increase rennin in secondary

Table 22. Hyperaldosteronism

	Primary Hyperaldosteronism (PH)	Secondary Hyperaldosteronism (SH)
Definition	Excess aldosterone production (intra-adrenal cause)	Appropriate ↑ aldosterone production in response to activation of RAAS (extra-adrenal cause)
Etiology	- Aldosterone-producing adrenal adenoma (Conn's syndrome) - Bilateral idiopathic adrenal hyperplasia - Familial hyperaldosteronism - Type I (glucocorticoid-remediable aldosteronism) - Type II (familial aldosterone-producing adenoma or bilateral adrenal hyperplasia) - Aldosterone-producing adrenocortical carcinoma - Ectopic aldosterone-producing carcinoma	1° overproduction of renin - Renin-producing tumour (rare) - Overproduction of renin 2° to ↓ renal blood flow and/or perfusion pressure - Renal artery stenosis - Fibromuscular dysplasia - Arterial hypovolemia and/or hypotension (e.g. CHF, cirrhosis, nephrotic syndrome) - Bartter's syndrome (autosomal recessive disorder: impaired sodium chloride transporter in loop of Henle → results in salt loss and subsequent activation of renin-angiotensin aldosterone system)
Common Clinical Features	- Hypertension - No edema: due to spontaneous diuresis induced by ECFV expansion	- Hypertension (except in Bartter's) - Edema (except in Bartter's and in hypovolemia)
Clinical Features Common to Both	- Hypokalemia - Metabolic alkalosis - Hypomagnesemia - May have mild hypernatremia ↑ Cardiovascular risk: LV hypertrophy, atrial fibrillation, stroke, MI - Fatigue, weakness, paresthesia, headache; severe cases with tetany, intermittent paralysis - Normal K⁺, low Na⁺ in SH (low effective circulating volume leads to ↑ ADH release)	
Diagnosis	- Criteria: - Diastolic hypertension - Failure of aldosterone to ↓ appropriately during volume expansion ↑ aldosterone >400 pmol/L (>14.5 ng/dL); ↓ renin - Screening test: - Canadian units: aldosterone (pmol/L): renin mass (ng/L) >140 is suggestive of primary hyperaldosteronism (100-140 is "grey zone") - American units: ratio of serum aldosterone (ng/dL): plasma renin (ng/mL/h) >30 - Confirmatory tests: aldosterone suppression tests - Once confirmed, CT adrenal glands - May require adrenal vein sampling to confirm adrenal mass is making aldosterone (i.e. unilateral disease amenable to surgery)	↑ aldosterone ↑ renin - Normal plasma aldosterone:renin ratio
Treatment	- Medical tx for adrenal hyperplasia - Spironolactone, eplerenone, triamterene, amiloride - Surgical removal for adrenal adenoma	Treat underlying cause

74. 50 years with uncontrolled diabetes, complain of black to brown nasal discharge. So diagnoses is

- Mycosis**
- Aspirglosis
- Foreign body

75. Which hormone affect the bile acid & lowering the cholesterol

- Cholecystokinin**

76. Thyroid nodules non malignant

- a) Multiple

Benign thyroid tumors are adenomas, involutary nodules, cysts or localized thyroiditis ..

Most adenomas are of follicular type and usually become solitary and encapsulated and compress adjacent thyroid ..

77. thyroid carcinoma that Mets to cervical lymph node and biopsy showed well differentiated thyroid tissues

- a) Total thyroidectomy with modified neck dissection
- b) Total thyroidectomy with radical neck dissection

78. all of the following are signs of malignant thyroid except :

- a) irradiation to the head and neck
- b) fixity to tissues
- c) multiple nodules

79. A man with increased morning reading of blood glucose. What will you do?

- a) Increase Morning long acting
- b) Increase Evening long acting
- c) Decrease Morning short acting
- d) Decrease Evening short acting

☐ **The dawn phenomenon:** Recurring early morning hyperglycemia ☐

Treatment:

- 1) Increase evening physical activity
- 2) Increase amount of protein to carbohydrates in the last meal of the day
- 3) Eat breakfast even though the dawn phenomenon is presented
- 4) Individual diet modification only if HbA1c is lower than 7%
- 5) Antidiabetic oral agent therapy only if HbA1c is lower than 7%
- 6) Use an insulin pump
- 7) Long-acting insulin analogues like glargine instead of NPH insulin

☐ **The Somogyi effect:** Early morning hyperglycaemia due to treatment with excessive amount of insulin ☐

Treatment:

- 1) Modify insulin dosage, Use an insulin pump
- 2) Long-acting insulin analogues like glargine instead of NPH insulin
- 3) More protein than carbohydrates in the last meal of the day
- 4) Go to bed with higher level of plasma glucose than usual

80. Mechanism of Cushing disease

- a) Increase ACTH from pituitary adenoma
- b) Increase ACTH from adrenal

A- ACTH-dependent (85%): bilateral adrenal hyperplasia and hypersecretion due to:

1- ACTH-secreting pituitary adenoma (Cushing's disease: 80% of ACTH-dependent)

2- ectopic ACTH-secreting tumour (e.g. small cell lung carcinoma, bronchial, carcinoid, pancreatic islet cell, pheochromocytoma or medullary thyroid tumours) ..

B- ACTH-independent (15%)

1- long-term use of exogenous glucocorticoids (10 mg/d for >3 wks) ..

2- primary adrenocortical tumours: adenoma and carcinoma (uncommon) ..

3- bilateral adrenal nodular hyperplasia ..

4- major depression, alcoholism, malnutrition, panic disorders (increased circulating cortisol levels) ..

81. A pregnant woman with tachycardia and irritability and multinodular goiter. Her TSH is less than 0.1 mmol. How to treat her?

- a) Thyroidectomy
- b) **Antithyroid**
- c) Radioactive iodine

82. .a man recently diagnosed with DM I, when will you do eye check?

- a) Now and annually
- b) **After 5 years and annually**

Scheduled ophthalmologic eye examinations :

1- Yearly follow-up if no retinopathy ..

2- Every 6 months with background diabetic retinopathy ..

3- At least every 3-4 months with preproliferative diabetic retinopathy ..

4- Every 2-3 months with active proliferative diabetic retinopathy ..

83. treatment of chronic goitre:

- a) **Allopurinol**

84. Most active thyroid's hormone is :

- a) **T3**

85. the initial management of patient with hypercalcemia

- a) **IVF and expansion of the extracellular volume.**

86. Recently diagnosed with DM type II, 32 years old, exercise for 8 weeks and BMI changed from 32 to 31. Labs shown on table? But no table!!!!

- a) **Continue exercise**
- b) Start medication

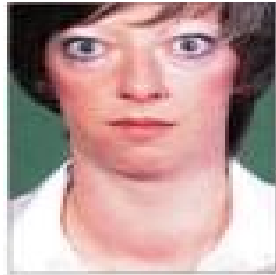
If HbA1c is $\leq$ target continue exercise and closed follow-up but if HbA1c is $\geq$ target start metformin ..

87. Female patient with wide-open eyes, tremors in hands that do not diminish with intention, What investigation will you do:

- a) Pituitary Scan
- b) T4 Levels

88. What is the diagnosis?

- a) Graves' disease



89. 50-year old accountant, arteries show signs of

sedentary lifestyle, BMI 30, takes irregular meals; early atherosclerotic changes. What will you advise?

- a) No meds necessary
- b) Prescribe diet of 600 kcal/day and reevaluate in 4 months
- c) Prescribe over weight diet and reevaluate in 6 months

90. 8 years boy BMI = 30 weight and height above 95 percentile , next step :

- a) Refer to surgeon
- b) Life style modification

91. Old patient came complaining of recently felt palpitations. TFT showed high T4 , T3 and low TSH Dx

- a) Thyrotoxicosis
- b) Primary hypothyroidism
- c) Isolated low T3

92. Obese patient recently diagnosed to have DM II. He is following a diabetic diet regimen and he exercises regularly. When he came to you in the next visit... His blood sugar was high and he gained 5 kgs... He was also complaining of thirst and hunger, what would you give him?

- a) Long-acting insulin
- b) Metformin
- c) Short-acting insulin
- d) Sulfonylurea

93. patient with DM and obese ,plane to reduce his wt is :

- a) Decrease calorie intake in day time
- b) Decrease calorie and increase fat
- c) Decrease by 500 kcal/kg per week
- d) Decrease 800 per day

94. Patient with elevated TSH and elevated T3,T4

- a) 2ry hyperthyroidism

95. Table with investigation, Na 112, Osmolality 311 low, What is the diagnosis?

- a) Conn's syndrome
- b) Cushing syndrome

- c) **SIADH**
- d) Diabetes insipidus

96. HbA1c is useful in:

- a) Adjustment of insulin
- b) Monitoring diabetic control on day-to-day basis
- c) **Longer term diabetic control monitoring**

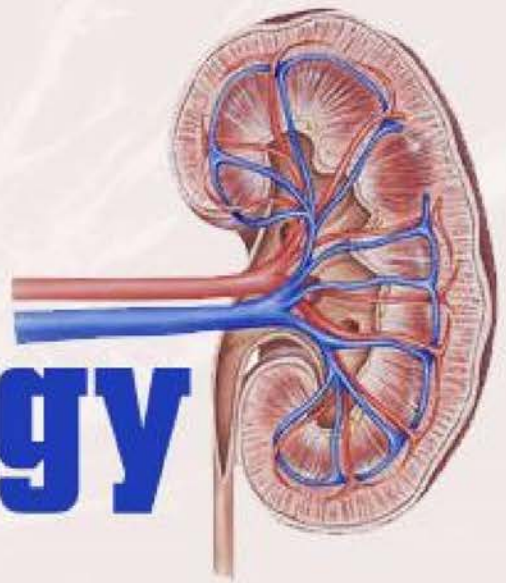
97. Patient presented with typical symptoms of hyperthyroidism. What's the most effective and rapid way to relieve symptoms:

- a) **Propranolol**
- b) PTU
- c) Radioactive iodine
- d) Surgery

98. Patient diabetic he has wound in his leg with poor healing, Exudates, no sign of inflammation the hyperglycemia cause poor wound healing by affecting:?

- a) Phagocytosis
- b) stimulate bacterial growth
- c) decrease immunity

Nephrology



1. 62 years old male with DVT and IVC obstruction due to thrombosis so most like diagnosis is
 - a) Nephrotic syndrome
 - b) SLE
 - c) Chirstm disease
2. Patient with abdominal pain haematuria, HTN and have abnormality in chromosome 16, diagnosis is
 - a) Polycystic kidney
3. Long scenario about patient with polydipsia ad polyuria. Serum osmolarity high. desmoprsin induction no change urine osmolarity and plasma osmolarity so dd is
 - a) Nephrognic type
 - b) central type

To memorize: if give Desmopressin and kidney doesnot respond to change osmolality of urine to high, that's mean he have problem in kidney ..

but if it response and osmolality of urine become higher > 50% , that's mean the central doesnot secrete ADH enough which he have problem in there ..

- **Desmopressin acetate** → synthetic analog of ADH, can be used to distinguish central from nephrogenic DI.
 - **Central DI:** DDAVP challenges will ↓ urine output and ↑ urine osmolarity.
 - **Nephrogenic DI:** DDAVP challenge will not significantly ↓ urine output.
 - **Treatment:**
 - Central DI: Administer DDAVP.
 - Nephrogenic DI: Salt restriction and water intake
4. Female presented with thirst and polyuria, all medical history is negative and she is not known to have medical issues, she gave history of being diagnosed as Bipolar and on Lithium but her Cr and BUN is normal. What is the cause of her presentation?
 - a) Adverse effect of lithium
 - b) Nephrogenic DI
 - c) Central DI
 5. Female patient was presented by dysuria , epithelial cells were seen urine analysis , what is the explanation in this case :
 - a) Contamination.
 - b) Renal cause

There have three type of epithelial cells may found in urine :

1- Squamous cell which indicate contamination of species from vulva ..

2- Transitional cell which origin from bladder ..

3- Renal cell which origin from renal ..

So, i don't why which epithelial they found in there but commonly in female is due to contamination not from renal as one who answer this ..

6. Adenosine dose should be reduced in which of the following cases :

- a) Chronic renal failure.
- b) Patients on thiophylline.

Caffeine and theophylline have been shown to reduce the cardiovascular response to adenosine infusions (i.e., heart rate increases, vasodilation, blood pressure changes), and theophylline has also been shown to attenuate adenosine-induced respiratory effects and chest pain/discomfort.

7. Adult polycystic kidney disease is inherited as:

- a) Autosomal dominant
- b) Autosomal recessive
- c) X linked

8. Best way to diagnose post streptococcus Glomerulonephritis (spot diagnosis):

- a) Low C3
- b) RBC casts

9. IVP study done for a male & showed a filling defect in the renal pelvis non-radio opaque. U/S shows echogenic structure & hyperacoustic shadow. The most likely diagnosis is:

- a) Blood clot
- b) Tumor
- c) Uric acid stone

- Stones cause hyperacoustic shadows.
- All types of renal calculi are radiopaque except urate stones (5% of all stones)

10. Patient came with HTN, KUB shows small left kidney, arteriography shows renal artery stenosis, what is the next investigation?

- a) Renal biopsy
- b) Renal CT scan
- c) Renal barium
- d) Retrograde pyelography

Spiral CT angiography

11. Female patient did urine analysis shows epithelial cells in urine, it comes from:

- a) Vulva
- b) Cervix
- c) Urethra
- d) Ureter

Squamous epithelial cells in the urinary sediment indicate contamination of the specimen from the distal urethra in males and from the introitus (vulva) in females ..

12. Female with history of left flank pain radiating to groin, symptoms of UTI, what is diagnosis?

- a) Appendicitis
- b) Diverticulitis
- c) **Renal colic**

13. Pre-Renal Failure:

- a) Casts
- b) Urine Osm < 400
- c) **Urine Na < 20 mmol/L**
- d) Decreased water excretion
- e) Hematuria

Table 22-4. Classification and differential diagnosis of acute kidney injury.

	Prerenal Azotemia	Postrenal Azotemia	Intrinsic Renal Disease		
			Acute Tubular Necrosis (Oliguric or Polyuric)	Acute Glomerulonephritis	Acute Interstitial Nephritis
Etiology	Poor renal perfusion	Obstruction of the urinary tract	Ischemia, nephrotoxins	Immune complex-mediated, pauci-immune, anti-GBM related	Allergic reaction; drug reaction; infection, collagen vascular disease
Serum BUN:Cr ratio	> 20:1	> 20:1	< 20:1	> 20:1	< 20:1
Urinary indices					
U _{Na} (mEq/L)	< 20	Variable	> 20	< 20	Variable
FE _{Na} (%)	< 1	Variable	> 1 (when oliguric)	< 1	< 1; > 1
Urine osmolality (mosm/kg)	> 500	< 400	250-300	Variable	Variable
Urinary sediment	Benign or hyaline casts	Normal or red cells, white cells, or crystals	Granular (muddy brown) casts, renal tubular casts	Red cells, dysmorphic red cells and red cell casts	White cells, white cell casts, with or without eosinophils

BUN:Cr, blood urea nitrogen:creatinine ratio; FE_{Na}, fractional excretion of sodium; U_{Na}, urinary concentration of sodium.

- **Casts** are seen in interstitial nephritis & glomerulonephritis which are intrinsic renal failure
- **Urine osm**<400 in intrinsic renal failure but >500 in pre-renal failure
- **Urine Na**<20 mmol/L is in pre-renal failure if >20 it is intrinsic renal failure
- **Decreased water excretion** in all types of renal failure
- **Haematuria**→in intrinsic & post renal failure

14. Patient with history of severe hypertension, normal creatinine, 4g protein 24 hrs. Right kidney 16cm & left kidney 7cm with suggesting of left renal artery stenosis. Next investigation:

- a) **Bilateral renal angiography**
- b) Right percutaneous biopsy

- c) Left percutaneous biopsy
- d) Right open surgical biopsy
- e) Bilateral renal vein determination

☐ Renal angiography is the gold standard but done after CT/MRI as it is invasive

15. All of them are renal complications of NSAIDs except:

- a) Acute renal failure
- b) Tubular acidosis
- c) Interstitial nephritis
- d) Upper GI bleeding

☐ All are complications of NSAIDs but upper GI bleeding is not renal complication!

16. Acute Glomerulonephritis, all are acceptable Investigations except:

- a) Complement
- b) Urinalysis
- c) ANA
- d) Blood culture
- e) Cystoscopy

17. 20 years old female present with fever, loin pain & dysuria, management include all of the following except:

- a) Urinalysis and urine culture
- b) Blood culture
- c) IVU (IVP)
- d) Cotrimexazole

☐ I suspect pyelonephritis. So, treatment includes admission, antibiotic & re-hydration.

18. Urine analysis will show all EXCEPT:

- a) Handling phosphate.
- b) Specific gravity.
- c) Concentrating capacity.
- d) Protein in urine.

19. In acute renal failure, all is true EXCEPT:

- a) Hyperphosphatemia.
- b) Uremia.
- c) Acid phosphatase increases.
- d) K⁺ increases.

Common lab abnormalities in acute renal failure :

1- its increase K, phosphate , Mg and uric acid ..

2- its decrease hematocrit , Na and Ca ..

Very important note :

its could be different depending on causes of that failure ..

20. A 6 years old female from Jizan with hematuria, all the following investigations are needed EXCEPT:

- a) HbS.
- b) Cystoscopy.
- c) Hb electrophoresis.
- d) Urine analysis.
- e) U/S of the abdomen to see any changes in the glomeruli.

Cystoscopy can be used to assess for bladder or urethral neoplasm, benign prostatic enlargement, and radiation or chemical cystitis and for gross hematuria, cystoscopy is ideally performed while the patient is actively bleeding to allow better localization (ie, lateralize to one side of the upper tracts, bladder, or urethra).

Urinalysis is very useful to detect many diseases ..

The role of ultrasonography evaluation of the urinary tract for hematuria is unclear but its used ..

Hb electrophoresis use to detect sickle cell anemia which can come with this symptoms especially in children ..

But HbS mean there is sickle cell trait not sickle cell anemia which not affect renal at all !

21. Patient has bilateral abdominal masses with hematuria, what is the most likely diagnosis?

- a) Hypernephroma
- b) Polycystic kidney disease

22. Old patient, bedridden with bacteremia “organism is enterococcus faecalis”, what the source of infection?

- a) UTI
- b) GIT

We have two species, Enterococcus faecalis and Enterococcus faecium which are responsible for most human enterococcal infections.

Enterococci cause wound infections, urinary tract infections, bacteremia, and endocarditis.

23. A 56 years old his CBC showed, Hb=11, MCV= 93, Reticulocyte= 0.25% the cause is:

- a) Chronic renal failure
- b) Liver disease
- c) Sickle cell anemia
- d) G6P dehydrogenase deficiency

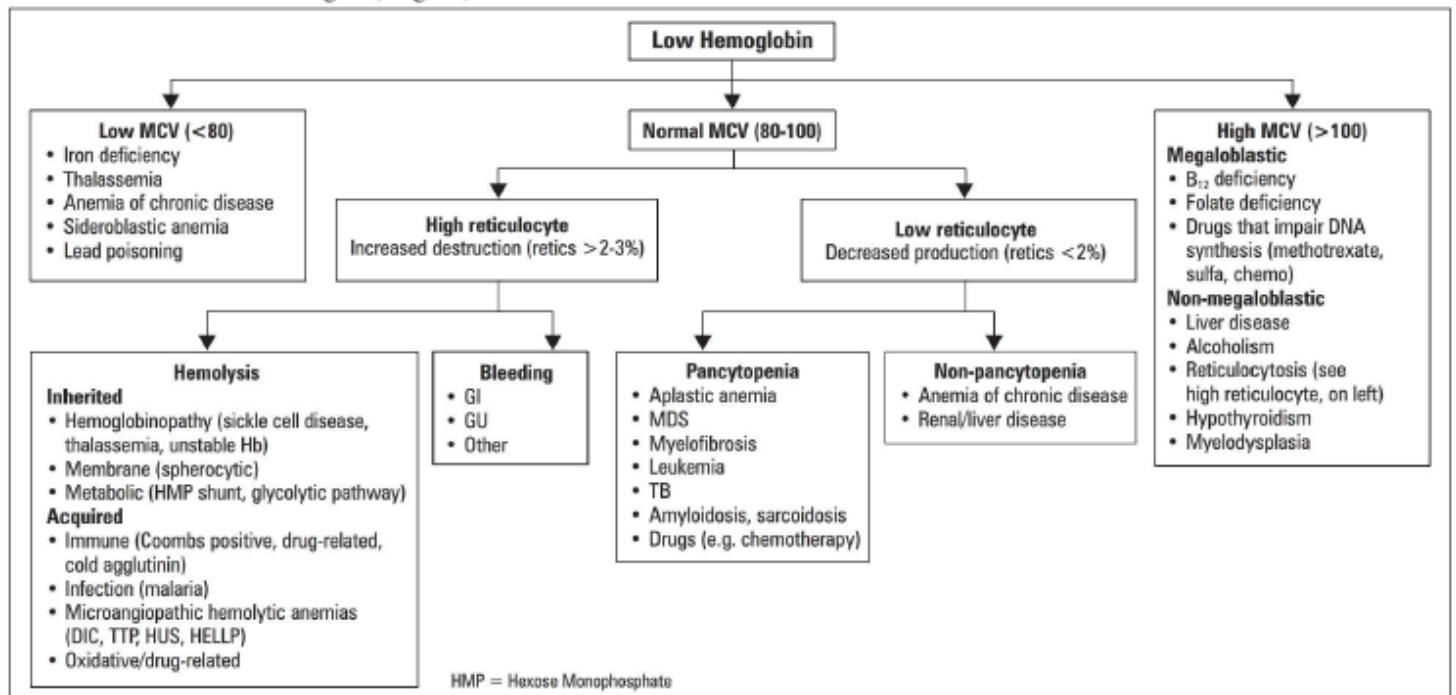


Figure 3. Approach to Anemia

So, that's be anemia from liver, renal or any other chronic diseases and the correct answer depending about in history of case and another lab tests which not mention here ..

24. 30 years old with repeated UTIs, which of the following is a way to prevent her condition?

- a) Drink a lot of fluid
- b) Do daily exercise

25. 65 years old presented with acute hematuria with passage of clots and left loin and scrotal pain. the Dx

- a) Prostatitis
- b) Cystitis
- c) Testicular cancer
- d) Renal cancer

A history of passage of clots in urine suggests an extraglomerular cause of hematuria but its could be from a bleeding renal tumor, why not !

26. 5 years child diagnosed as UTI, what is the best investigation to exclude UTI complication?

- a) Kidney US
- b) CT
- c) MCUG

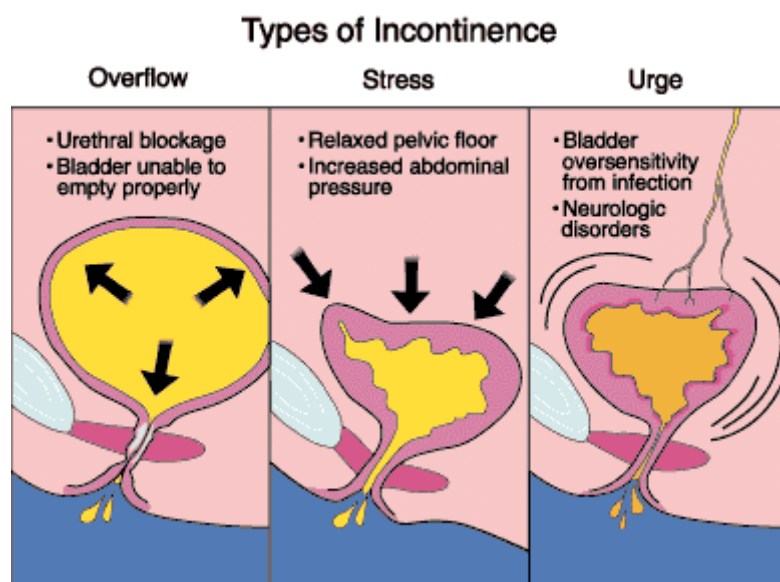
d) IVU

In children, the choice is between ultrasound and CT scanning. CT is more sensitive but the exposure to radiation may make ultrasound a safer option.

When became this UTI recurrent or occur below 3 years old which indicated MCUG to search if there any congenital urinary tract abnormality ..

27. Old patient complain of urinary incontinence. Occur at morning and at night without feeling of urgency or desire of micturition, without exposure to any stress, what is the diagnosis?

- a) Urgency incontinence
- b) Urge incontinence
- c) Stress incontinence
- d) **Over Flow incontinence**



<i>Types of urinary incontinence</i>	<i>Symptoms</i>	<i>Pathophysiology</i>	<i>References</i>
Stress incontinence	Involuntary leakage on effort, exertion, sneezing, and coughing	Urethral smooth muscle, external urethral sphincter, inner urethral factors, pressure transmission to bladder and urethra, pelvic floor musculature: disturbance between these factors lead to stress incontinence	10–15
Urge incontinence	Involuntary leakage accompanied by, or immediately preceded by urgency	Increased afferent activity and decreased inhibitory control in CNS and/or peripheral ganglia, increased efferent stimulation of bladder	8,13–15
Mixed incontinence	Involuntary leakage leading to urgency and also with effort, sneezing or coughing	Combination of factors causing stress and urge incontinence	8,14,15
Continuous incontinence	Involuntary leakage	Results from a fistula among the ureter, bladder or urethra and the vagina, or an ectopic ureter opening into the vagina or urethra	15
Reflex incontinence	Involuntary leakage usually not associated with the desire to micturate	Detrusor hyperreflexia and/or involuntary urethral relaxation in the absence of sensation	15
Overflow incontinence	Involuntary leakage	Overdistension of bladder, urethral blockade, poor detrusor contractility, bladder outlet obstruction	15,16

1. Stress urinary incontinence manifests as leakage secondary to increased intra-abdominal pressure due to weak pelvic support and that occurs on effort or exertion, or on sneezing or coughing.
 2. Urge incontinence is leakage with the urge (need) to void, usually associated with advanced age, neurological diseases (multiple sclerosis, stroke, upper motor neuron diseases, brain tumors), idiopathic.
 - 3- Mixed urinary incontinence is the complaint of involuntary leakage associated with urgency and also with exertion, effort, sneezing, or coughing.
 - 4- Overflow incontinence patients leak when they have a full bladder, with constant leaking or dribbling. These are commonly associated with grade III or IV prolapse, previous surgeries (APR), lower motor neuron diseases (detrusor areflexia).
 - 5- Global incontinence (Continuous urinary incontinence) is a constant (continuous) involuntary loss of urine and that requires extensive workup.
 - 6- Nocturnal enuresis is the complaint of involuntary loss of urine that occurs during sleep in night ..
 - 7- Postvoid dribble is a term used to describe involuntary loss of urine after voiding, usually after rising from the toilet.
 - 8- Functional incontinence occurs when a person recognizes the need to urinate but cannot make it to the bathroom.
- The loss of urine may be large.
- There are several causes of functional incontinence including confusion, dementia, poor eyesight, mobility or dexterity, unwillingness to toilet because of depression or anxiety or inebriation due to alcohol.
- Functional incontinence can also occur in certain circumstances where no biological or medical problem is present.
- For example a person may recognise the need to urinate but may be in a situation where there is no toilet nearby or access to a toilet is restricted.
- 9- Transient incontinence is a temporary version of incontinence. It can be triggered by medications, adrenal insufficiency, mental impairment, restricted mobility, and stool impaction (severe constipation), which can push against the urinary tract and obstruct outflow.
 - 10- Giggle incontinence is an involuntary response to laughter. It usually affects children.

11- Double incontinence. There is also a related condition for defecation known as fecal incontinence and that due to involvement of the same muscle group (levator ani) in bladder and bowel continence, patients with urinary incontinence are more likely to have fecal incontinence in addition .. This is sometimes termed "double incontinence".

28. Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:

- a) Colon
- b) Bladder
- c) Liver

According to WHO :

"In the Western world, tobacco use is the single most important cause of bladder cancer, accounting for an estimated 40-70% of all cases. Smokers' risks of bladder cancer are 2-3 times higher compared to nonsmokers. Despite the fact that the bladder is not exposed directly to tobacco smoke, polyaromatic hydrocarbons, known to be carcinogenic, may well be absorbed into the blood and transported to the bladder where the bladder cells are then unable to withstand that carcinogenic effects of these compounds."

<http://www.who.int/tobacco/research/cancer/en/>

29. The most common cause of secondary hypertension is:

- a) Renal artery stenosis
- b) Adrenal hyperplasia
- c) Pheochromocytoma
- d) Cushing's disease

30. The most common cause of chronic renal failure:

- a) HTN
- b) DM
- c) Hypertensive renal disease
- d) Parenchymal renal disease
- e) Acute glomerulonephritis

The three most common causes of CKD are diabetes mellitus, hypertension, and glomerulonephritis.

31. Male patient present with prostatitis (prostatitis was not mentioned in the question), culture showed gram negative rods. The drug of choice is:

- a) Ciprofloxacin "Floxin"
- b) Ceftriaxone
- c) Erythromycin
- d) Trimethoprim
- e) Gentamicin

32. Patient complaining of left flank pain radiating to the groin, dysuria and no fever. The diagnosis is:

- a) Pyelonephritis
- b) Cystitis

c) Renal calculi

33. A 3 weeks old baby boy presented with a scrotal mass that was transparent & non-reducible. The diagnosis is:

- a) Hydrocele
- b) Inguinal hernia
- c) Epididymitis

34. Uncomplicated UTI treatment:

- a) TMP-SMX for 3 days
- b) Ciprofloxacin 5 days

35. A 29 years old man complaining of dysuria. He was diagnosed as a case of acute proctitis. Microscopic examination showed gram negative rods which grow on agar yeast. The organism is:

- a) Chlamydia.
- b) Legionella
- c) Mycoplasma

36. Patient with renal transplant, he developed rejection one week post transplantation, what could be the initial presentation of rejection?

- a) Hypercoagulability
- b) Increase urine output
- c) Fever
- d) Anemia

Most patients who have acute rejection episodes are asymptomatic. However, occasionally patients present with fever, malaise, oliguria, and graft pain and/or tenderness ..

Also, it has acute rise in the serum creatinine.

37. Patient with hematuria and diagnosed with bladder cancer. What's the likely causative agent?

- a) Schistosoma haematobium

Studies have shown the relationship between S. haematobium infection and the development of squamous cell carcinoma of the bladder ..

Very important note :

Any patient who smokes and presents with microscopic or gross hematuria or irritative voiding symptoms such as urgency and frequency not clearly due to UTI, should be evaluated by cystoscopy for presence of bladder neoplasm because "smoking" is single greatest risk factor (increase risk 4-fold) and increases risk equally for men and women ..

38. Diabetic patient on insulin and metformin has renal impairment. What's your next step:

- a) Stop metformin and add ACE inhibitor

39. Patient has saddle nose deformity, complaining of SOB, haemoptysis and haematuria. most likely diagnosis is:

- a) Wagner's granulomatosis

Table 18. Classification Criteria for Wegener's. Diagnosed if 2 or more of the following 4 criteria present.

Criteria	Description
1. Nasal or oral involvement	Inflammation, ulcers, epistaxis
2. Abnormal findings on CXR	E.g. nodules, cavitations
3. Urinary sediment	Protein, RBC casts
4. Biopsy of involved tissue	Lungs show granulomas, kidneys show necrotizing segmental glomerulonephritis

American College of Rheumatology, 1990

Signs and Symptoms

- systemic
 - malaise, fever, weakness, weight loss
- ENT
 - sinusitis or rhinitis, nasal crusting and bloody nasal discharge, nasoseptal perforation, saddle nose deformity
 - inflammation/vasculitis involving extra-ocular muscles, retrobulbar space occupying lesions or direct extension of masses from the upper respiratory tract resulting in clinical finding of proptosis
 - hearing loss due to involvement of CN VIII
- pulmonary
 - cough, hemoptysis
- other
 - joint, skin, eye complaints, vasculitic neuropathy

40. Most common manifestation of renal cell carcinoma is:

- a) **Haematuria**
- b) Palpable mass
- c) HTN

Symptoms & Signs of renal cell carcinoma :

1- Hematuria (50-60%).

2- Flank pain (35-40%).

3- Palpable mass (25%).

4- Hypertension (22-38%).

5- Weight loss (28-36%).

6- Pyrexia (7-17%).

7- Non-metastatic hepatic dysfunction (stauffer syndrome): 10-15%

8- Scrotal varicoceles: (2-11%) mostly in left sided ..

8- Neuromyopathy: 3%

9- Other complication symptoms ..

41. Patient came with metabolic acidosis with anion gap of 18, she took drug overdose.

What could it be:

a) Salicylate

42. Patient with excessive water drinking and frequent urinate, FBS 6.8 diagnosis up to now:

a) Normal blood sugar

b) Impaired fasting glucose

c) DM 2

d) D. insipidus

WHO criteria: fasting plasma glucose level from 6.1 mmol/l (110 mg/dL) to 6.9 mmol/l (125 mg/dL).

ADA criteria: fasting plasma glucose level from 5.6 mmol/L (100 mg/dL) to 6.9 mmol/L (125 mg/dL).

43. Patient with DKA the pH=7.2, HCO₃=5, K=3.4 the treatment:

a) Insulin 10 U

b) 2 L NS

c) 2 L NS with insulin infusion 0.1 U/kg/hr

44. 6 years old presented with cola colored urine with nephritic symptoms the First test you would like to do:

a) Renal function test

b) Urine microscopic sedimentation

c) Renal ultrasound

45. Young adult presented with painless penile ulcer rolled edges, what next to do?

a) CBC

b) Darkfeild microscopy

c) culturing

This is Chancre of primary syphilis , you can do dark field microscopy to demonstrating T.pallidum spirochetes in lesion exudate/tissue biopsy but its difficult and not very sensitive ..

You can do VDRL as primary screening test and if result +ve ! you must to confirm with FTA-ABS, TP-PA (to memorize فتي عيس) which is confirmatory test not screening test ..

46. Urine analysis showed epithelial cell diagnosis is:

- a) Renal calculi
- b) Chlamydia urethritis

That's depending about type of epithelial cell or some symptoms can help us to detect it origin! Like, squamous epithelial cells are not a sign of kidney disease; they represent a contaminated urinary specimen. The best way to avoid getting these cells in the urine is to obtain a midstream urinary collection.

47. Diabetic female her 24h-urine protein is 150mg

- a) **start on ACEIs**
- b) refer to nephrologist
- c) Do nothing , this is normal range

Stages of diabetic nephropathy :

1- Stage I: early hypertrophy of glomerulus with increased GFR (decrease serum creatinine & no evidence of proteinuria) ..

2- Stage II: Increased thickness of basement membrane & mesangial expansion (which is stabilized creatinine with no evidence of proteinuria [normal urinary excretion of albumin <30mg/24h]) ..

3- Stage III: Incipient diabetic nephropathy (microalbuminuria with urinary excretion of 30-300mg/24h) ..

4- Stage IV Overt diabetic nephropathy (which proteinuria excrete >0.5g/24h , > 300mg albumin/24h) ..

5- Stage V : End-stage renal disease ..

So as you can see, The problem of diabetic nephropathy, we can't detect stage 1 and 2 clinically that he came to us already in stage 3 and sometime we miss it that stage if we didn't notice that microalbuminuria in urine and came to us already overt in stage 4 !

thats why we didn't wait to renal damage and must follow-up regularly and prevention if have more risk factors or once proteinuria is established ! the use of ACE inhibitor drugs are reduces proteinuria levels and slows the progression of diabetic nephropathy ..

48. Patient with flank pain, fever ,vomiting, treatment is

- a) **Hospitalization and intravenous antibiotics and fluid**

☐ This is most likely a case of pyelonephritis which need urgent hospitalization

49. Elderly patient complaining of urination during night and describe when he feel the bladder is full and need to wake up to urinate, he suddenly urinate on the bed this is:

- a) Urgency incontinence
- b) Urge incontinence
- c) Stress incontinence
- d) Flow incontinence

Need = urge

50. The best test for renal stones:

- a) CT without contrast

Spiral (helical) CT has become first study of choice because the entire urinary tract can be scanned rapidly and without contrast injection ..

51. 70 years old male patient with mild urinary dripping and hesitancy, your diagnosis is mild BPH. What is your next step in management?

- a) transurethral retrograde prostatectomy
- b) Start on medication
- c) open prostatectomy

52. Patient with dysuria, frequency and urgency but no flank pain, what is the treatment?

- a) Ciprofloxacin po once daily for 3-5 days
- b) Norfocin PO OD for 7 – 14 days

53. Man with sudden onset of scrotal pain, also had history of vomiting, on examination tender scrotom and there is tender 4 cm mass over right groin, what you will do?

- a) Consult surgeon
- b) Consult urologist
- c) Do sonogram
- d) Elective surgery

This case of obstructed inguinal hernia which must to consult your surgeon quickly before be strangulated and necrosis ..

54. UTI >14 day, most probably cause pyelonephritis

- a) 0,05%
- b) 0,5%
- c) 5%
- d) 50%

55. Man have long history of urethral stricture present with tender right testis & WBC in urine so diagnosis is

- a) Epididymo-orchitis
- b) Testicular torsion
- c) varicocele

due to reflex of urine ..

56. None opaque renal pelvis filling defect seen with IVP, US reveals dense echoes & acoustic shadowing, what is the most likely diagnosis?

- a) Blood clot
- b) Tumor
- c) Sloughed renal papilla
- d) **Uric acid stone**
- e) Crossing vessels

- Radiopaque: calcium oxalate, cystine, calcium phosphate, magnesium-ammonium-phosphate
- Radiolucent: uric acid, blood clots, sloughed papillae

57. young age male presented after RTA with injured membranous urethra , best initial ttt is :

- a) Passage of transurethral catheter
- b) **Suprapubic catheter**
- c) Perineal repair
- d) Retropubic repair
- e) Transabdominal repair

58. Epididymitis one is true :

- a) The peak age between 12-18 years
- b) **U/S is diagnostic**
- c) Scrotal content within normal size
- d) Typical iliac fossa pain
- e) None of the above

The sensitivity of color Doppler ultrasonography in detecting scrotal inflammation is almost 100%.

59. The most important diagnostic test for Previous Q is :

- a) Microscopic RBC
- b) Macroscopic RBC
- c) RBC cast.

What Previous question !? if mean epididymitis the U/S is very important to rule out testicular torsion , also the culture is informative if answers including this ..

60. 17 year old male presented to you with history of abdominal pain and cramps in his leg he vomited twice, his past medical history was unremarkable. On examination he looks dehydrated with dry mucous membranes, His investigation: Na: 155 mmol/l, K: 5.6 mmol/l , Glucose; 23.4 mmol/l, HCO₃: 13, Best tool to diagnose this condition is:

- a) Plain X-ray
- b) Ultrasound
- c) Gastroscopy
- d) **Urine analysis (Dipstick analysis)**

61. Patient come abdominal pain and tender abdomen with hypernatremia and hyperkalemia and vomiting and diarrhoea, what is the next investigation:

a) Urin analysis

62. Patient present with URTI, after 1 week the patient present to have hematuria and edema, what is most probably diagnosis?

a) IgA nephropathy

b) Post streptococcus GN

63. BPH all true except :

a) Prostitis

b) Noctouria

c) Hematuria

d) Urine retention

e) Diminished size & strength of stream

☐ **BPH Symptoms :**

- Waking at night to urinate
- Sudden and strong urge to urinate
- A frequent need to go, sometimes every 2 hours or less
- Pushing or straining to begin
- A weak stream Dribbling after finishing
- Feeling the bladder has not completely emptied after finishing
- Pain or burning while urinating

64. Screening program for prostatic Ca, the following is true:-

a) Tumor marker (like PSA) is not helpful

b) PR examination is the only test to do

c) Early detection does not improve overall survival

- Both prostate specific antigen (PSA) and digital rectal examination (DRE) should be offered annually, beginning at age 50 years, to men who have at least a 10-year life expectancy and to younger men who are at high risk (Family history, Black race..).
- Advocates of screening believe that early detection is crucial in order to find organ-confined disease and, thereby, impact in disease specific mortality. If patients wait for symptoms or even positive DRE results, less than half have organ-confined disease.
- No difference in overall survival was noted as watchful waiting, has been suggested as an alternative treatment because many patients with prostate cancer will die from other causes (most commonly heart disease).

65. The most accurate to diagnose acute Glomerulonephritis is:

a) RBC cast in urine analysis

b) WBC cast in urine analysis

c) Creatinine level increase

d) Shrunken kidney in US

e) Low Hgb but normal indices

66. 75 years old man came to ER complaining of acute urinary retention. What will be your initial management:

- a) Send patient immediately to OR for prostatectomy
- b) Empty urinary bladder by Folley's catheter and tell him to come back to the clinic
- c) Give him antibiotics because retention could be from some sort of infection
- d) Insert Foley's catheter and tell him to come to clinic later
- e) Admission, investigations which include cystoscopy

67. Regarding group A strept pharyngitis what is true

- a) Early treatment decrease incidence of post strept GN

68. All the following cause hyponatremia except:

- a) DKA
- b) Diabetes insipidus
- c) High vasopressin level
- d) Heart failure

69. The investigation of high sensitivity and specificity of urolithiasis :

- a) IVP
- b) X-RAY abdomen after CT scan
- c) US
- d) MRI
- e) Nuclear scan.

70. Female patient present with dysuria , urine analysis shows epithelial cast :

- a) Contaminated sample
- b) Chlamydia urethritis
- c) Kidney disease
- d) Cervical disease

71. Patient with PID there is lower abdominal tenderness, on pelvic exam there is small mass in..... Ligament, what is the treatment?

- a) Colpotomy
- b) Laparotomy
- c) laparoscopy

.. ligament mean broad ligament which include in adnexal of uterus

PID can complicated to adnexal mass and indicate to two things :

1- Tubo-ovarian abscess which could formation abscess there ..

2- Ectopic pregnancy which occur in PID ..

So, in question which history is not enough to know that but its doesnot matter if that's abscess or ectopic pregnancy ! we do laparoscopy in both cases to diagnose and treat that ..

72. 13 years old child with typical history of nephritic syndrome (present with an urea, cola color urine, edema, HTN), what is the next step to diagnose?

- a) Renal function test

- b) Urine sediments microscope
- c) US
- d) Renal biopsy

73. Complication of the rapid correction of hypernatremia:

- a) Brain edema

74. Most common cause of ESRD:

- a) HTN
- b) DM

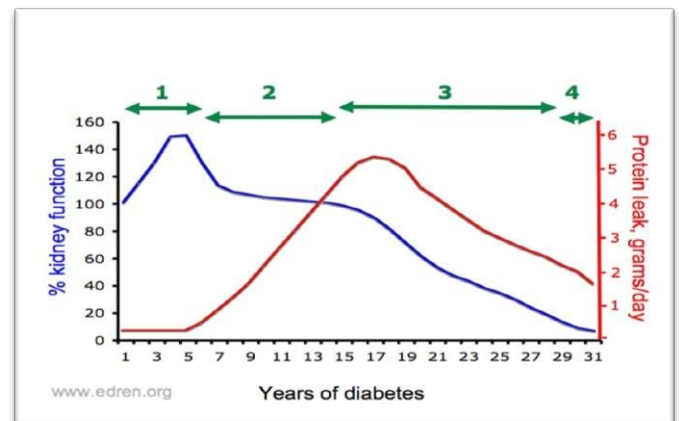
☐ **Causes of End-stage renal disease includes:**

- 1) Kidney disease – obviously ESRD starts as early kidney disease.
- 2) Diabetic nephropathy - 43.2% of kidney failure is due to diabetes
- 3) Chronic kidney failure -ESRD is by definition the last state of chronic kidney failure
- 4) Hypertension - 23% of cases
- 5) Glomerulonephritis - 12.3% of cases
- 6) Polycystic kidney disease - 2.9% of cases

75. Patient have DM and renal impairment when he had diabetic nephropathy: there is curve for albumin

- a) 5 years
- b) 10 years
- c) 20 years
- d) 25 years

☐ Microalbuminuria generally precedes overt proteinuria by 5-10 years. Once proteinuria is detected, renal function gradually deteriorates over 10-15 years



76. Young male patient with dysuria fever and leukocytosis, PR indicate soft boggy tender prostate, Dx :

- a) Acute prostatitis
- b) Chronic Prostatitis
- c) Prostatic CA

77. The most likely cause of gross hematuria in a 35 years old man is

:

- a) Cystitis
- b) Ureteral calculi
- c) Renal carcinoma
- d) Prostatic carcinoma
- e) Bladder carcinoma

78. Concerning urinary calculi, which one of the following is true?

- a) 50% are radiopaque
- b) 75% are calcium oxalate stones
- c) An etiologic factor can be defined in 80% of cases
- d) A 4-mm stone will pass 50% of the time
- e) Staghorn calculi are usually symptomatic

☐ Urinary calculi are often idiopathic, 90% are radiopaque and 75% are calcium oxalate stones.

79. Benign prostatic hypertrophy:

- a) TRUSS is better than PSA
- b) No role in PSA
- c) PSA role
- d) Biopsy

BPH can raise PSA (prostate-specific antigen) levels two to three times higher than the normal level. An increased PSA level does not indicate cancer, but the higher the PSA level, the higher the chance of having cancer.

80. An 80 year old male presented with dull aching loin pain & interrupted voiding of urine. BUN and creatinine were increased. US revealed a bilateral hydronephrosis. What is the most probable diagnosis?

- a) Stricture of the urethra
- b) Urinary bladder tumor
- c) BPH
- d) Pelvic CA
- e) Renal stone

81. 60 years old male known to have (BPH) digital rectal examination shows soft prostate with multiple nodularity & no hard masses, the patient request for (PSA) for screening for prostatic cancer what will you do?

- a) Sit with the patient to discuss the cons & pros in PSA test
- b) Do trans-rectal US because it is better than PSA in detection
- c) Do multiple biopsies for different sites to detect prostatic ca

82. 82 years old patient with acute urinary retention, the management is:

- a) Empty the bladder by Foley's catheter and follow up in the clinic.
- b) Insert a Foley's catheter then send the patient home to come back in the clinic
- c) Admit and investigate by TURP.
- d) Immediate prostatectomy.

83. Epididymitis, one is true:

- a) The peak age between 12 & 18.
- b) U/S is diagnostic.
- c) The scrotal contents are within normal size.
- d) Typical iliac fossa pain.
- e) None of the above.

84. Benign prostatic hyperplasia , all are true EXCEPT:

- a) **Parotitis**
- b) Nocturia
- c) diminished size and strength of stream
- d) hematuria
- e) urine retention

85. In Testicular torsion, all of the following are true, except

- a) Very tender and progressive swelling.
- b) More common in young males.
- c) **There is hematuria**
- d) Treatment is surgical.
- e) Has to be restored within 12 hours or the testis will infarct.

86. 50 years old patient complaining of episodes of erectile dysfunction, history of stress attacks and he is now in stress what you will do?

- a) **Follow relaxation strategy**
- b) Viagra
- c) Ask for investigation include testosterone

87. Premature-ejaculation, all true except:

- a) Most common sexual disorder in males
- b) **uncommon in young men**
- c) Benefits from sexual therapy involving both partners
- d) It benefit from anxiety Rx

Premature ejaculation is more common in younger men

88. Child with scrotal swelling, no fever, with a blue dot in the superior posterior aspect of the scrotum

- a) **Testicular appendix torsion**

- Patients with torsion of the appendix testis and appendix epididymis present with acute scrotal pain, but there are usually no other physical symptoms, and the cremasteric reflex can still be elicited. The classic finding at physical examination is a small firm nodule that is palpable on the superior aspect of the testis and exhibits bluish discoloration through the overlying skin; this is called the **“blue dot” sign**.
- Approximately 91%–95% of twisted testicular appendices involve the appendix testis and occur most often in boys 7–14 years old

89. Old age man, feel that the voiding is not complete and extreme of urine not strong and by examination there is moderate BPH and PSA = 1ng/ ml what you will do?

- a) Surgery
- b) Refer for surgical prostatectomy

90. an opaque renal pelvis filling defect seen with IVP, US reveals dense echoes & acoustic shadowing , The MOST likely diagnosis:

- a) Blood clot
- b) Tumor
- c) Sloughed renal papilla
- d) **Uric acid stone**
- e) Crossing vessels

- Radiopaque: calcium oxalate, cystine, calcium phosphate, magnesium-ammonium-phosphate
- Radiolucent: uric acid, blood clots, sloughed papillae

91. 10 years old boy woke up at night with lower abdominal pain, important area to check:

- a) kidney
- b) lumbar
- c) rectum
- d) **Testis**

Don't forget to include testicular torsion in your differential when evaluating lower abdominal pain complaints in young males

Woke up at night because he rolled and torsion of his testis ..

92. Patient present with testicular pain, O/E: bag of worms, what is the diagnosis?

- a) **Varicocele**

93. Old man presented with tender and enlarged prostate and full bladder.

Investigations show hydronephrosis. What is the likely diagnosis?

- a) Acute Renal Failure
- b) Bladder Cancer
- c) **BPH**

94. A patient with gross hematuria after blunt abdominal trauma has a normal-appearing cystogram after the intravesical instillation of 400 ml of contrast. You should next order:

- a) A retrograde urethrogram.
- b) **An intravenous pyelogram.**
- c) A cystogram obtained after filling, until a detrusor response occurs.
- d) A voiding cystourethrogram.
- e) A plain film of the abdomen after the bladder is drained.

95. Patient will do cystoscopy suffer from left hypocondrial pain

- a) Refer to vascular surgery
- b) **Refer to urologist**

96. Old patient complaining of hematuria, on investigation, patient has bladder calculi, most common causative organism is:

- a) **Schistosoma**
- b) CMV

97. Old man with urinary incontinence, palpable bladder after voiding, urgency & sense of incomplete voiding dx;
- a) Stress incontinence
 - b) Overflow incontinence
 - c) Reflex incontinence
 - d) Urge incontinence
98. Child with painless hematuria what initial investigation?
- a) Repeat urine analysis
 - b) Renal biopsy
 - c) Culture
99. Young male with 3 day of dysuria, anal pain , O/E per rectum boggy mass :
- a) Acute prostatitis
100. Radiosensitive testicular cancer:
- a) Yolk sac
 - b) Seminoma
 - c) Choriocarcinoma.
101. DM HTN patient with MI receiving metformin and diltiazem and other medication his creatine clearance is high, you will do:
- a) add ACE inhibitor
 - b) remove metformin (contraindicated in renal failure)
 - c) continue same medication
102. The best investigation for kidney function :
- a) 24 h collect urine
 - b) Creatinine clearance

Creatinine clearance is more sensitive indicator for kidney function ..

103. Old patient came with high serum urea and creatinine, U/S showed bilateral hydronephrosis, What is the most common cause?
- a) Ureteral narrowing
 - b) Retroperitoneal fibrosis
 - c) Bladder neoplasm
 - d) Prostate cancer

The prostate & bladder cancer can cause bilateral hydronephrosis ! I think a lot of history missing in this question which can co-related with cause ..

But if question like this ! choose prostate cancer because prostate cancer most common cancer ..

104. Old patient, has loin pain, U/S reveals bilateral hydronephrosis, what's the cause?
- a) prostate cancer
 - b) bladder cancer

c) urethral stricture

105. Best laboratory finding in urinalysis for active glomerulonephritis is :

a) High creatinine

b) **RBC cast**

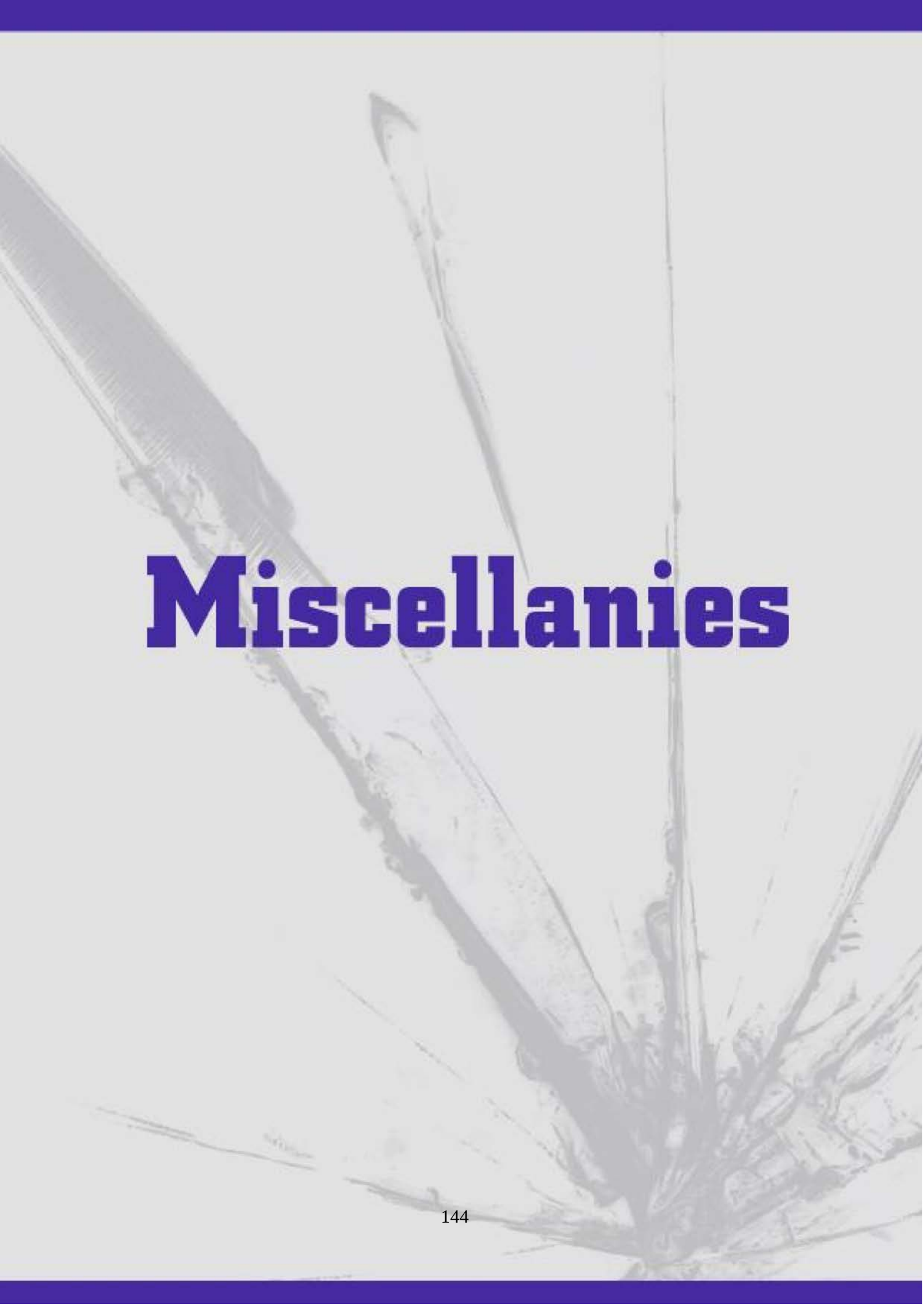
c) WBC cast

106. Old male patient with scrotal pain and leukocytosis diagnosis

a) Torsion

b) Cancer

c) **Epididymo-orchitis**



Miscellanies

1. Which of the following is treatment for Giardiasis:

- a) Prazequantil
- b) Mebendazole
- c) Metronidazole
- d) Albendazole

- Giardiasis “Beaver fever” is a diarrheal infection of the small intestine by a parasite : Giardia lamblia
- Fecal-Oral transmission

2. Patient with epilepsy came with left shoulder pain, on examination flattened contour of the shoulder, and fixed adduction with internal rotation, what is the diagnosis?

- a) Inferior dislocation
- b) subacromial posterior dislocation
- c) subglenoid anterior dislocation
- d) subclavicle anterior dislocation
- e) subclavicle anterior dislocation

Posterior dislocation of shoulder occur when indirect force producing marked internal rotation and adduction needs be very severe to cause a dislocation.

This happens most commonly during a fit or convulsion, or with an electric shock.

Posterior dislocation can also follow a fall on to the flexed, adducted arm, a direct blow to the front of the shoulder or a fall on the outstretched hand.

3. Drugs used for Leishmania

- 1- Sodium stibogluconate (organic pentavalent antimony) ..
- 2- Amphotericin (is used with or after antimony compound or when became antimonial alone unresponsive) ..
- 3- Pentamidine isetionate (pentamidine isethionate) has used in antimony resistant visceral leishmaniasis ..

4. 12 years old female brought by her mother to ER after ingestion of unknown number of Paracetamol tablets. Clinically she is stable. Blood paracetamol level suggests toxicity. The most appropriate treatment

- d) N-acetylcysteine

☐ IV infusion: 150mg/kg in 200ml D5% over 15mins then 50mg/kg in 500ml D5% over 4hrs then finally 200mg/kg in 1L D5% over 16 hours

5. All of the following are side effects of furosemide except:

- a) Hyperkalemia
- b) Hypoglycemia
- c) Bronchospasm
- d) Haemolytic anemia

e) Pre-renal azotemia

☐ Side effects of furosemide are hypotension, Hypokalemia, hyperglycemia, hemolytic anemia

6. Patient with right arm tenderness with red streak line, the axillary lymph node is palpable :

- a) Cellulitis
- b) Carcinoma
- c) **Lymphangitis**

☐ Lymphangitis is an inflammation of the lymphatic channels. Most common cause is *S. pyogenes*

7. Patient with central line became sepsis what organisms

- a) GBS
- b) Neisseria
- c) Pseudomonas
- d) **E. coli**

The most common causative organism is coagulase-negative Staphylococci also known as *Staphylococcus epidermis* ..

Its can caused by gram negative which *E.coli* is common and *Pseudomonas* and *Klebsiella* species occur more commonly in patients with serious underlying diseases (e.g., extensive trauma, burns, or malignancy) ..

GBS sepsis occur in neonate ..

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8. Best way to prevent *Entameba histolytica* is

- a) **Boiling**

- Fecal-Oral transmitted parasite, most important complication is Liver abscess.
- Treatment → Metronidazole

9. Prevention of Lyme disease, what is best advice to parents?

- a) **Insect "Tick" removal**

- **Lyme disease** "Lyme borreliosis" is an emerging infectious disease caused by at least three species of bacteria belonging to the genus *Borrelia*
- **Transmitted** to humans by the bite of infected ticks genus called *Ixodes* (hard ticks)
- **Symptoms.** :fever, headache, fatigue, depression and a characteristic circular skin rash called erythema migrans
- **Complication** : symptoms may involve the joints, heart and CNS
- **Treatment.** : doxycycline (in adults), amoxicillin (in children), erythromycin (for pregnant women)

10. Prevention of Lyme disease :

- a) **Treat early disease with doxycycline , Prevent with tick bite avoidance**

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- **Explanation:** Light-colored clothing makes the tick more easily visible before it attaches itself. People should use special care in handling and allowing outdoor pets inside homes because they can bring ticks into the house.
- A more effective, communitywide method of preventing Lyme disease is to reduce the numbers of primary hosts on which the deer tick depends, such as rodents, other small mammals, and deer. Reduction of the deer population may over time help break the reproductive cycle of the deer ticks and their ability to flourish in suburban and rural areas.
- Backyard patios, decks, and grassy areas that are mowed regularly are unlikely to have ticks present. This may be because of the lack of cover for mice from owls and other raptors that prey on mice. The ticks also need moisture, which these areas do not provide. The areas around ornamental plantings and gardens are more hospitable for mice and ticks. The highest concentration of ticks is found in wooded areas. Individuals should try to prevent ticks from getting onto skin and crawling to preferred areas.
- Long hair should be worn under a hat. Wearing long-sleeved shirts and tucking long pants into socks is recommended

11. Parents asking about Lyme disease for their children. practitioner is most correct to tell them (for prevention)

- Kill vector**
- Clothes of natural fibers
- Antibacterial soap

12. Drug of choice for a schistosomiasis is:

- Praziquantel**
- Oxaminiquine
- artemether

13. In flame burn , the most common cause of immediate death :

- hypovolemic shock
- septic shock
- anemia and hypoalbumin
- Smoke inhalation**

14. Patient present with submandibular swelling with eating, relieved after eating , Dx :

- Submandibular gland stone**

15. Long scenario of restless leg syndrome (he didn't mention Dx in scenario), 85 old male many times awake from his sleep because leg pain, this pain relieved by just if he move his foot, but it recur, etsetra, best management:

- Colazpin
- haloperidol
- lorazepam
- One drug from dopamine agonist group forgot its name, it's the right answer.**

- **RLS** is a neurological disorder characterized by an irresistible urge to move one's body to stop uncomfortable or odd sensations. It most commonly affects the legs, but can affect the arms & torso

- **Symptoms:** urge to move - worsening of symptoms by relaxation - worse in the evening and early in the night
- **Treatment:** Dopamine agonists "Ropinirole, Pramipexole or gabapentin enacarbil" as first line drugs for daily restless legs syndrome; and opioids for treatment of resistant cases

16. Best drug for von willebrand disease is:

- a) Fresh frozen plasma
- b) Cryoprecipitate
- c) Steroids

☐ Desmopressin is not mentioned here, some doctors consider it as 1st line of treatment

17. Which of the following is a feature of iron deficiency anemia?

- a) Low MCH "Mean Corpuscular Hemoglobin"

18. Patient just received organ transplantation what is the sign of acute rejection?

- a) Fever
- b) Hypotension

19. Sodium amount in Normal Saline [0.9% NaCl] :

- a) 75 mmol
- b) 90 mmol
- c) 154 mmol
- d) 200 mmol

☐ Half NS [0.45% NaCl] has 77 mmol , Quarter NS [0.22% NaCl] has 39 mmol

20. Treatment of refractory hiccup?

☐ Chlorpromazine, Carbamazepine, Nifedipine, Nimodipine, Baclofen, Metoclopramide, Haloperidol, Ketamine, Phenytoin and Lidocaine

21. Young, drug abuser, asymptomatic. What to investigate?

- a) HIV, HBV, St. vireidans

22. Anemia of chronic disease :

- a) Decrease iron and increase TIBC "in Iron Deficiency Anemia"
- b) Increase iron and increase TIBC
- c) Increase iron and decrease TIBC
- d) None of the above

23. Man with polycythemia vera came with bruising what causes decrease blood flow?

- a) Hyperviscosity
- b) Hypoxia
- c) Hypoviscosity

If there venous thrombosis in fourth answer its true more than pathophysiology of disease itself ..

24. Patient with polycythemia vera the cause of bleeding in this patient is

- a) Increase viscosity
- b) Low platelets

A & B all are wrong and i'm sure the right answer didn't wrote here because who enter in that exam missing very important answer and that pathophysiology of cause of bleeding in polycythemia vera ..

In polycythemia vera platelets found normal or increase and someone told me how bleeding occur if it high !

if you back quickly to physiology of bleeding & clotting: we see the number of platelets itself doesn't reflect the power of clotting, its depending about :

1- Quantity of platelets :

if it low (thrombocytopenia) bleeding occur ..

2- Quality of platelets :

if it bad platelets (thrombocytopathy) bleeding occur ..

sometime when platelets increase too much ! the function of platelets become impaired and we called that (thrombocytopathia) ..

So, in polycythemia vera when platelets increase too much become the function of platelets so impaired which this is the answer in C or D ..

25. What is the major thing that can tell you that patient have polycythemia vera rather than secondary polycythemia:

- a) Hepatomegaly
- b) Splenomegaly
- c) Venous engorgement
- d) Hypertension

26. Group A Hemolytic streptococcus, causes rheumatic fever when:

- a) Invade blood stream
- b) Invade myocardium
- c) After tonsillitis and pharyngitis
- d) Skin infection

- Acute rheumatic fever is a complication of respiratory infections
- Post-streptococcal glomerulonephritis is a complication of either strep throat or streptococcal skin infection

27. Man came with bruising and increase time of bleeding with factor 8 deficiency :

- a) **Haemophilia A**
- b) Von Willebrand disease

☐ Hemophilia A is clotting factor VIII deficiency & is the most common form, Hemophilia B is factor IX deficiency. It is a Recessive X-linked disorders

28. An old man 65 years with Hemoglobin= 9, you will:

- a) Assess Iron levels
- b) Assess LDH
- c) **Arrange for endoscopy**

29. In aspirin overdose :

- a) **Liver enzyme will peak within 3-4 hr**
- b) first signs include peripheral neuropathy and loss of reflexes
- c) 150 mg/kg of aspirin will not result in aspirin toxicity

- The early signs and symptoms of aspirin overdose include **impaired hearing and ringing** in the ears. Other early signs of aspirin poisoning include lightheadedness, breathing rapidly, double vision, vomiting, fever and dehydration
- The acutely toxic dose of aspirin is generally considered greater than 150 mg per kg of body mass. Moderate toxicity occurs at doses up to 300 mg/kg, severe toxicity occurs between 300 - 500 mg/kg

30. Man who is having severe vomiting and diarrhea and now developed leg cramps after receiving 3 liters of dextrose, he is having:

- a) **Hypokalemia**
- b) hyponatremia
- c) hyperkalemia
- d) hypernatremia

☐ K^+ is secreted in stool, as he is having a diarrhea he will lose a huge amount of K^+ , also muscle cramp is a symptom of Hypokalemia

31. Man who received blood transfusion back in 1975 developed jaundice most likely has:

- a) Hepatitis A
- b) **Hepatitis C**
- c) Hepatitis D
- d) Hepatitis E
- e) Autoimmune hepatitis

32. Best method to prevent plague is:

- a) Hand wash
- b) **Kill rodent**
- c) spray pesticide
- d) give prophylactic AB

☐ Plague is a deadly infectious disease that is caused by the enterobacteria *Yersinia pestis*. carried by rodents mostly rats

33. Ibuprofen is contraindicated if patient has :

- a) **Peptic ulcer**
- b) Seizures
- c) RA

☐ Ibuprofen is a Non-Steroidal Anti-Inflammatory Drug "NSAID"

34. Patient come to ER with constricted pupil and respiratory compromise you will suspect:

- a) **Opiates "like morphine"**
- b) Cocaine
- c) Ecstasy

- Certain drugs cause **constriction of the pupils**, such as **alcohol** and **opioids**
- Other drugs, such as atropine, mescaline, psilocybin mushrooms, cocaine and amphetamines may cause **pupil dilation**

35. The best to give for DVT patients initially which is cost effective:

- a) **Low Molecular Weight Heparin "Enoxaparin"**
- b) Unfractionated Heparin
- c) Heparin
- d) Warfarin

36. A lot of bacteria produce toxins which are harmful. Which one of the following is useful?

- a) **Botulism**
- b) Tetanus
- c) Diphtheria
- d) Staph aureus

Botulinum toxin use in medical conditions and cosmetic ..

37. Management of somatization

- a) Multiple phone call
- b) **Multiple clinic appointments**
- c) Refer to pain clinic
- d) Antidepressant

☐ Cognitive Behavioral Therapy is the best established treatment for a variety of somatoform disorders including somatization disorder

38. Organophosphorus poisoning, what is the antidote?

- a) **Atropine**
- b) Physostigmine
- c) Neostigmine
- d) Pilocarpine
- e) Endrophonium

39. Patient using haloperidol, developed rigidity (dystonia) treatment :

- a) **Antihistamine and anticholinergic**

- Haloperidol is a dopamine antagonist used in psychosis
- Side effects : Extrapyramidal side effects, Dystonia, Tremors, Dry mouth, Depression

40. High risk factor in CLL :

- a) **Age**
- b) Smoking
- c) History of breast ca
- d) History of radiation

☐ **Risk factors:**

- 1) **Age.** Most people diagnosed with chronic lymphocytic leukemia are over 60.
- 2) **Sex.** Men are more likely than are women to develop chronic lymphocytic leukemia.
- 3) **Race.** Whites are more likely to develop chronic lymphocytic leukemia than are people of other races.
- 4) **Family history of blood and bone marrow cancers.** A family history of chronic lymphocytic leukemia or other blood and bone marrow cancers may increase your risk. 5) **Exposure to chemicals.** Certain herbicides and insecticides

41. 60 years old male was refer to you after stabilization, investigation show Hgb 8.5 g/l, Hct. 64% , RBC 7.8 , WBC 15.3 & Platelet 570, Diagnosis :

- a) Iron deficiency Anemia
- b) Hemoglobinopathy
- c) **CLL**
- d) 2ry polycythemia

42. 24 years old patient. Came for check up after a promiscuous relation 1 month ago, he was clinically unremarkable, VDRL: 1/128, he was allergic to penicillin other line of management is:

- a) Ampicillin
- b) Amoxicillin
- c) Trimethoprim
- d) **Doxycyclin**

- Venereal Disease Research Laboratory [VDRL] test is a serological screening for syphilis that is also used to assess response to therapy, to detect CNS involvement, and as an aid in the diagnosis of congenital syphilis

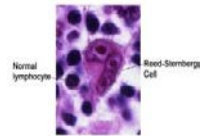
- The first choice for uncomplicated syphilis is a **singledose of intramuscular penicillin G** or a single dose of oral azithromycin. Doxycycline and tetracycline are alternative

43. Cellulitis in children most common causes:

- Group A streptococcus
 - Staphylococcal aureus**
- Staphylococcus aureus is the most common bacteria that cause cellulitis.
- Group A Streptococcus is the next most common bacteria that cause cellulitis. A form of rather superficial cellulitis caused by strep bacteria is called erysipelas; it is characterized by spreading hot, bright red circumscribed area on the skin with a sharp raised border. The so-called "flesh-eating bacteria" are, in fact, also a strain of strep which can -- in severe cases -- destroy tissue almost as fast as surgeons can cut it out.

44. Patient with Hodgkin's lymphoma and red strunberg cell in pathology and there is eosinophil lymphocyte in blood so pathological classification is:

- Mixed-cellularity subtype**
- Nodular sclerosis subtype of Hodgkin's lymphoma



- ☐ Classical **Hodgkin's lymphoma** can be subclassified into 4 Pathologic subtypes based upon Reed-Sternberg cell morphology and the composition of the reactive cell infiltrate seen in the lymph node biopsy specimen "the cell composition around the Reed-Sternberg cells"

Name	Description
Nodular sclerosing CHL	Is the most common subtype and is composed of large tumor nodules showing scattered lacunar classical RS cells set in a background of reactive lymphocytes, eosinophils and plasma cells with varying degrees of collagen fibrosis/sclerosis .
Mixed-cellularity subtype	Is a common subtype and is composed of numerous classic RS cells admixed with numerous inflammatory cells including lymphocytes, histiocytes, eosinophils, and plasma cells, without sclerosis . This type is most often associated with EBV infection and may be confused with the early, so-called 'cellular' phase of nodular sclerosing CHL
Lymphocyte-rich or Lymphocytic predominance	Is a rare subtype , show many features which may cause diagnostic confusion with nodular lymphocyte predominant B-cell Non-Hodgkin's Lymphoma (B-NHL). This form also has the most favorable prognosis
Lymphocyte depleted	Is a rare subtype , composed of large numbers of often pleomorphic RS cells with only few reactive lymphocytes which may easily be confused with diffuse large cell lymphoma

45. In IV cannula and fluid:

- Site of entry of cannula is a common site of infection**

46. Therapeutic range of INR [In presence of Anticoagulant]

- 2.5-3.5
- 2.0-3.0** "But normal range in absence of Anticoagulant is 0.0-1.2"

47. Patient had arthritis in two large joints & pansystolic murmur “carditis” Hx of URTI, the most important next step:

- a) ESR
- b) **ASO titre**
- c) Blood culture

☐ The diagnosis of Rheumatic fever can be made when two of the major Modified Jones criteria, or one major criterion plus two minor criteria, are present along with evidence of streptococcal infection: elevated or rising Antistreptolysin ‘ASO’ titre or DNAase

48. Patient with gunshot and part of his bowel spillage out and you decide to give him antibiotic for Bacteroid fragilis, so what you will give?

- a) Amoxicillin
- b) **Clindamycin ‘Sure’**
- c) Erythromycin
- d) Doxycycline
- e) Gentamicin

49. Treatment of peritonitis the organism is *Bacteroidfragilis*

- a) **Clindamycin**
- b) Metronidazole
- c) Carbapenem

- *B. fragilis* is involved in 90% of anaerobic peritoneal infections
- *B. fragilis* is susceptible to metronidazole, carbapenems, tigecycline, beta-lactam/beta-lactamase inhibitor combinations (e.g., Unasyn, Zosyn), and certain antimicrobials of the cephamycin class, including cefoxitin
- Clindamycin is no longer recommended as the first-line agent for *B. fragilis* due to emerging high-level resistance

50. Patient with high output fistula, for which TPN was ordered , after 2 hours of the central venous catheterization, the patient become comatose and unresponsive , what is the most likely cause ?

- a) Septic shock
- b) **Electrolytes imbalance**
- c) Delayed response of blood mismatch
- d) Hypoglycemia
- e) Hypernatremia

- Enterocutaneous fistula is an abnormal communication between the small or large bowel & the skin.
- It is a complication that is usually seen following surgery on the small or large bowel
- Low-output fistula(< 200 mL/day), moderate-output fistula (200-500), high-output fistula (> 500 mL/day)

51. What is most sensitive indicator for factitious fever?

- a) **Pulse rate**

- ☐ Factitious fever: Fever produced artificially by a patient. This is done by artificially heating the thermometer or by self-administered pyrogenic substances. An artificial fever may be suspected if the pulse rate is much less than expected for the degree of fever noted. This diagnosis should be considered in all patients in whom there is no other plausible explanation for the fever. Patients who pretend to have fevers may have serious psychiatric problems.

52. All of the following tests are necessary to be done before initiating lithium except:

- a) **Liver function tests**

- ☐ Renal function and thyroid function tests must be done before initiating Lithium

53. Healthy patient with family history of DM type 2, the most factors that increase chance of DM are:

- a) **HTN and Obesity**
b) Smoking and Obesity
c) Pregnancy and HTN
d) Pregnancy and Smoking

54. Besides IV fluids, what is the most important drug to be given in anaphylaxis?

- a) **Epinephrine**
b) Steroids

55. In diabetic retinopathy, most related factors:

- a) **HTN and obesity**
b) HTN and smoking
c) Smoking and obesity

- ☐ The risk factors that increase diabetic retinopathy background are:

- 1) HTN
- 2) Poor glucose control or long case D.M
- 3) Raised level of fat (cholesterol)
- 4) Renal disease
- 5) Pregnancy (but not in diabetes caused by pregnancy)

56. Patient with blood group A had blood transfusion group B , the best statement that describe the result is

- a) type IV hypersensitivity
b) inflammatory reaction
c) **Type II hypersensitivity**

57. Management of anaphylactic shock all of the following, EXCEPT :

- a) IVF
b) 100% O2
c) Corticosteroid

Corticosteroids routinely used, no immediate effect and no evidence for their use in emergency department because the onset of action is delayed for several hours but should be given to prevent further deterioration in severely affected patients ..

58. Patient developed lightheadedness and SOB after bee sting. You should treat him with the following:

- a) Epinephrine injection, antihistamine and IV fluid
- b) Antihistamine alone

59. In a patient with anaphylactic shock, all are correct treatments EXCEPT:

- a) Epinephrine.
- b) Hydralazine
- c) Adrenaline.
- d) Aminophylline.

60. All following are criteria of chronic fatigue syndrome EXCEPT

- a) More than 6 month, muscle pain and joint pain
- b) Persistent, idiopathic, headache
- c) Not relieved by rest + poor cognition

☐ All choices are true, the answer should be in the choices not written here

61. Regarding chronic fatigue syndrome, which is true?

- a) Antibiotics may reduce the symptoms
- b) Antidepressants may reduce the symptoms
- c) Rest may reduce the symptoms

- **Chronic Fatigue Syndrome:** characterizes by profound mental and physical exhaustion. In association with multiple system and neurotic symptoms that last at least 6 months. Must be new (notlifelong), must not be relieved by rest and must result in greater than 50% reduction in previous activity. Presentation with 4 or more of the following : poor memory / concentration, myalgia, arthralgia, sore throat, tender lymph node, recent onset headache, unrefreshing sleep, excessive tiredness with exercise.
- **Treatment by** cognitive and exercise therapy. Also, diet, physiotherapy, dietary supplements& antidepressants.

62. A child had been bite presented after 18 hour with left arm erythema and itching, what to do?

- a) Antihistaminic
- b) Oral steroid
- c) Subcutaneous epinephrine

63. Most common symptoms of soft tissue sarcoma :

- a) Paralysis
- b) On growing mass
- c) Pain

In their early stages, soft-tissue sarcomas usually do not cause symptoms Because soft tissue is relatively elastic, tumors can grow rather large, pushing aside normal tissue, before they are felt or cause any problems.

The first noticeable symptom is usually a painless lump or swelling. As the tumor grows, it may cause other symptoms, such as pain or soreness, as it presses against nearby nerves and muscles. If in the abdomen it can cause abdominal pains commonly mistaken for menstrual cramps, indigestion, or cause constipation.

64. Burn patient is treated with Silver Sulfadiazine, the toxicity of this drug can cause:

- a) Leukocytosis
- b) **Neutropenia**
- c) Electrolyte disbalance
- d) Hypokalemia

Silver Sulfadiazine is topical antibacterial that use as prophylaxis and treatment of infection in burn wounds and have 3 side effects :

1- Allergic reactions including burning, itching and rashes ..

2- argyria (prolonged use) ..

3- leucopenia (monitor blood levels) ..

65. Patient complaining of hypotension & bradycardia. Electrolytes show: ☐Na, ☐K, ☐Cl, ☐Urea. So the cause is:

- a) **Hyponatremia**
- b) hyperkalemia
- c) hyperchloremia
- d) uremia

66. The most common complication of mumps in Adults :

- a) Labyrinthitis
- b) **Orchitis**
- c) Meningitis
- d) Encephalitis

☐ In children the most common complication is Meningitis

- Labyrinthitis → (0.005% of cases)
- Orchitis → (30% of cases)
- Meningitis → (10% of cases)
- Encephalitis → (less than 1% of cases)

67. Adolescent female counseling on fast food. What you should give her?

- a) **Calcium and folic acid**
- b) Vitamin C and folic acid
- c) Zinc and folic acid
- d) Zinc and vitamin C

68. 17 years old boy admit to involve in recurrent illegal drug injection, what the screening test to do?

- a) HIV
- b) Hepatitis B
- c) **Hepatitis C**

☐ All are correct but maybe Hepatitis C is most common

69. Patient alcohol drinker complains of headache, dilated pupil, hyperactivity, agitation. he had history of alcohol withdrawal last week so treatment is :

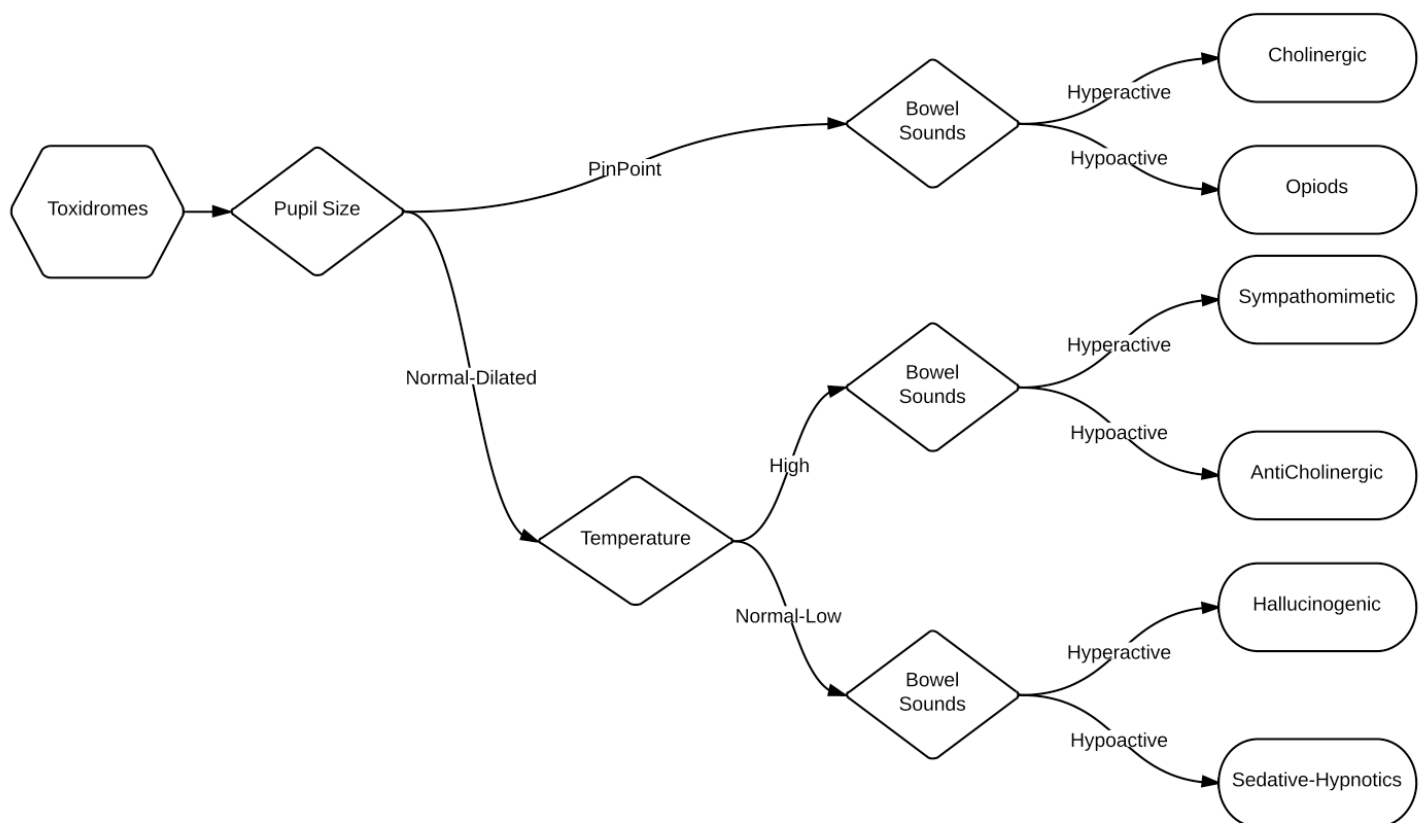
- a) **Diazepam "Valium"**
- b) naxtrol
- c) haloperidol

☐ Diazepam is a Benzodiazepine

70. Patient present with high blood pressure (systolic 200), tachycardia, Mydriasis “Dilated pupils”, sweating what is the toxicity?

- a) Anticholinergic
- b) **Sympathomimetic drug**
- c) Tricyclic antidepressant
- d) Organophosphorous compounds

Symptoms	BP	HR	RR	Temp	Pupil size	Bowel sounds	Diaphoresis
anticholinergic	~	up	~	up	up	down	down
cholinergic	~	~	~	~	down	up	up
hallucinogenic	up	up	up	~	up	up	~
sympathomimetic	up	up	up	up	up	up	up
sedative-hypnotic	down	down	down	down	~	down	down



☐ **Sympathomimetic drugs** mimic the action of sympathetic nervous system ☐

Examples:

- Cocaine
- Ephedrine
- Amphetamine

- Epinephrine (Adrenaline)
- Dopamine

71. Patient with gonorrhea infection what else you want to check for?

- a) Clamidia trachomatis

☐ They are both Sexually Transmitted Diseases

72. Patient known case of SCA, the doctor planning to give him pneumococcal vaccine, which one is true?

- a) Patient need antibiotic when there is history of contact even with vaccine

73. Long scenario for patient came to ER after RTA, splenic rupture was clear, accurate sentences describe long term management:

- a) we give pneumococcal vaccine for high risky people just
- b) we should give ABs prophylaxis if there is history of contact even with vaccination against pneumococcal
- c) pneumococcal vaccine should not be given at same time with MMR

74. Question about pneumococcal vaccine types and indications,

- The pneumococcal conjugate vaccine is currently recommended for **all children under 5 years of age**.
- Polysaccharide pneumococcal vaccine that is **currently recommended for use in**
 - 1) All adults who are older than 65 years of age
 - 2) Persons who are 2 years and older and at high risk for disease (e.g., sickle cell disease, HIV infection, or other immunocompromising conditions).
 - 3) Adults 19 through 64 years of age who smoke cigarettes or who have asthma

75. Sickling patient after acute attack, discharge on

- a) Penicillin
- b) iron
- c) vitamin

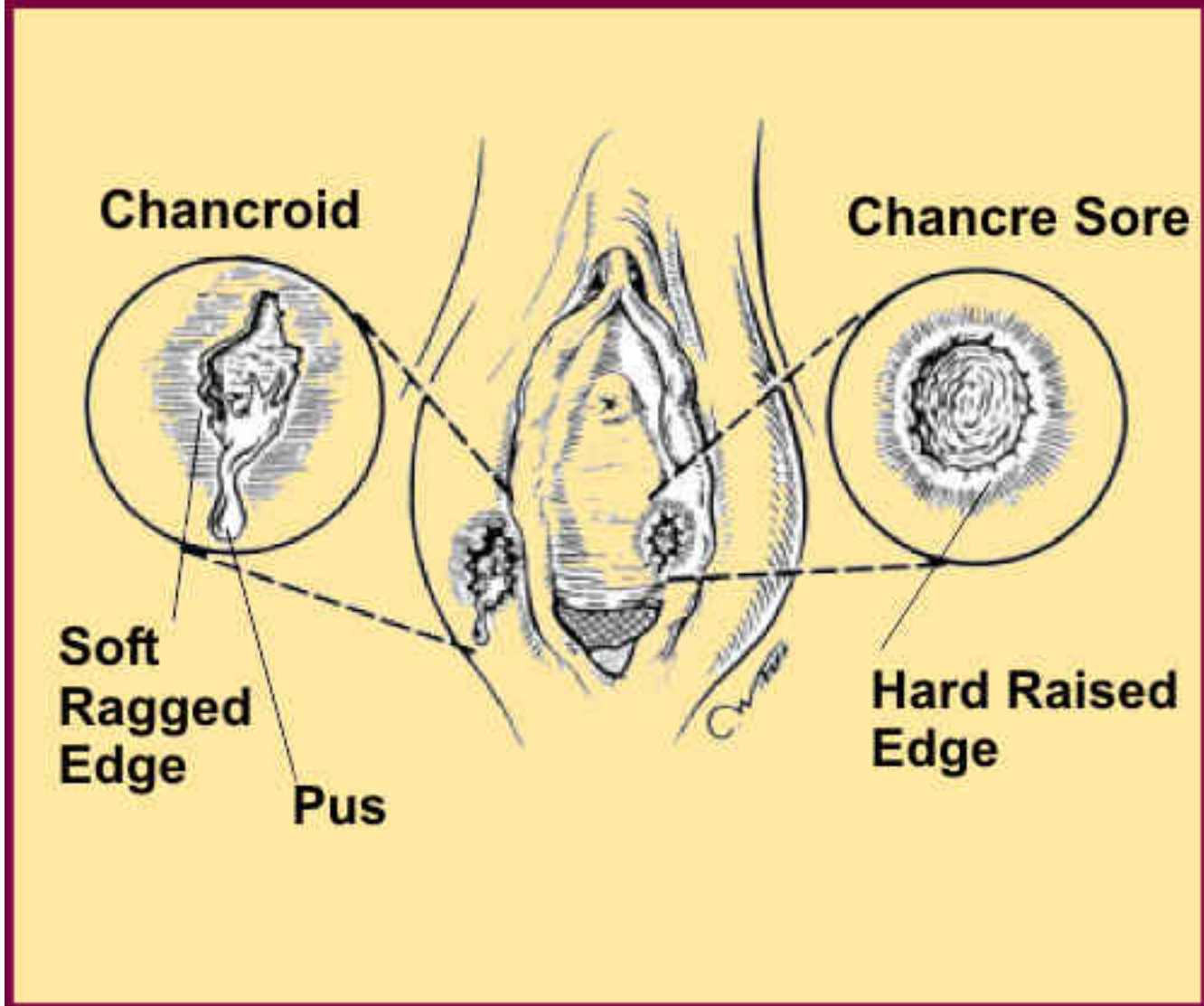
76. Yersinia bacteria

☐ Gram negative self limited enterocolitis, fever & bloody watery mucoid diarrhea, can be confused with appendicitis, so it is called Pseudoappendicitis

77. Man present with painless ulcer in his penis with indurate base and everted edge so diagnosis is

- a) Syphilis "painless"
- b) Gonorrhea
- c) Chancroid "painful"
- d) HSV

Chancroid or Chancre Sore?



78. Clonidine [α_2 -agonist] decrease the effect of :

- a) benzotropin
- b) levo dopa
- c) rubstin
- d) Amitriptyline

- Its enhanced hypotensive effect when levodopa given with clonidine ..

79. Which of the hollowing drug cause hypertensive crisis?

- a) Clonidine

Clonidine treat hypertension and cause postural hypotension ..

Answer is missing here ..

80. Which of the following NOT transmitted by mosquitoes :

- a) Rift valley fever
- b) Yellow fever
- c) **Relapsing fever**
- d) Filariasis
- e) Dengue fever

- Rift valley fever, most commonly the Aedes mosquito.
- Yellow fever, viral hemorrhagic fever transmitted by infected mosquitoes.
- Relapsing fever, an infection caused by certain bacteria in the genus Borrelia. It is a vector-borne disease transmitted through the bites of lice or soft-bodied ticks.
- Filariasis, Lymphatic filariasis is transmitted by different types of mosquitoes for example by the Culex mosquito.
- Dengue fever, by bites of infective female Aedes mosquitoes.

81. Male patient gave a history of left knee swelling & pain 5 days back, two days back he had right wrist swelling & redness. He had recently traveled to India. On examination there was tenderness & limitation of movement. 50 cc of fluid was aspirated from the knee. Gram stain showed gram negative diplococci. What is the most likely organism?

- a) Brucella Militans
- b) **Neisseria gonorrhoea**
- c) Staph aureus
- d) Strep pneumonia
- e) Strep pyogenes

82. 12 years old girl with malaise, fatigue, sore throat and fever. On examination there were petechial rash on palate, large tonsils with follicles, cervical lymphadenopathy and hepatosplenomegaly. All are complications except:

- a) Aplastic anemia
- b) Encephalitis
- c) Transverse myelitis
- d) Splenic rupture
- e) **Chronic active hepatitis**

83. Patient has EBV, during abdomen exam, became pale with tender LUQ : a)

IVF

- b) **Urgent CT**
- c) rush him to OR

84. Treatment of EBV (in scenario there patent with tonsillar exudates, lymphadenopathy, splenomegaly) a)

Oral acyclovir

- b) Oral antibiotic
- c) IM or IV acyclovir
- d) **Supportive TTT**
- e) Observation

☐ Treatment of patients with infectious mononucleosis generally is supportive, consisting primarily of rest, analgesics, and antipyretics.

85. 20 years old man involved in RTA brought to ER by his friends. On examination, found to be conscious but drowsy. HR 120/min, BP 80/40. The MOST urgent initial management measure is:

- a) CT brain
- b) X-ray cervical spine
- c) **Rapid infusion of crystalloids**
- d) ECG to exclude hemopericardium
- e) U/S abdomen

☐ He has Hypotension so BP must be corrected after securing airway

86. Normal daily caloric intake is :

- a) 0.3 kcal/kg
- b) 1.3 kcal/kg
- c) 2.0 kcal/kg
- d) 3.5 kcal/kg
- e) **35 kcal/kg**

☐ Normal daily caloric requirement is 20-40 kCal/kg, and 0.2 g nitrogen/kg.

87. The following can be used as prophylaxis for malaria in chlorquine resistant area Except:

- a) Mefloquine
- b) Doxycycline
- c) Chlorquine with Proguanil
- d) Pyrimethamin
- e) **Dapsone**

☐ **Explanation:**

- **Limited chloroquine resistance:** chloroquine plus proguanil, alternative doxycycline or mefloquine
- **Significant chloroquine resistance:** mefloquine alternative doxycycline or malarone

88. Malaria case, beside antibiotic how to prevent?

- a) **Kill the vector**

89. Patient with malaria in outbreak, what is the common way to prevent?

- a) **Vector eradication & avoid mosquito bites**
- b) Kill the vector and spray your clothes
- c) Avoid and spray Something

90. Giemsa stained blood film :

- a) **Malaria**

- ☐ Blood films are usually examined to investigate hematological problems (disorders of the blood) and, occasionally to look for parasites within the blood such as malaria and filaria.

91. Patient with history of fever, peripheral blood film +ve for malaria:

- a) Banana shaped erythrocyte is seen in *P. vivax*
 - b) Mostly due to *P. falciparum*
 - c) Treated immediately by primaquin 10mg for 3 days
 - d) Response to Rx will take 72 hr to appear
- **Explanation:** The majority of malaria infection is caused by either *P. falciparum* or *P. vivax*, and most malaria-associated deaths are due to *P. falciparum*. RBC shapes don't change if infected with malaria. Primaquine is used for irradiation of *P. ovale* & *P. vivax*.
 - Chloroquine is the 1st line of treatment & is used in 2 doses.

92. Regarding protective measures of malaria, all true except:

- a) Infection occur more in day than night
- b) using insect repellent is useful
- c) Because no antimalarial is 100% effective, avoiding exposure to mosquitoes in endemic areas is essential
- d) Female anopheles mosquito feeds primarily from dusk until dawn, travelers can reduce their risk of malaria by limiting evening outdoor activities
- e) Using permethrin-treated clothing in conjunction with applying a topical DEET repellent to exposed skin gives nearly 100% protection
- f) Sleep in an air-conditioned or well-screened room under mosquito nets

93. Malaria in a child

- a) Crescent shape gametocyte of *vivax* is diagnostic in the stool
- b) The immediate ttt primaquine for 3 d
- c) 72 hour treatment of malaria is sufficient
- d) The most common cause is *falciparum*

94. 40 years old white male is transferred to your institution in septic shock less than 24 hours after onset of symptoms of a non-specific illness. He underwent a splenectomy for trauma 5 years ago. Antibiotic coverage must be directed against:

- a) *Streptococcus*, group A.
- b) *Klebsiella pneumoniae*.
- c) *Staphylococcus aureus*.
- d) *Escherichia coli*.
- e) *Streptococcus pneumoniae*.

95. The most important factor in the development of spinal headaches after spinal anesthesia is : a) the level of the anesthesia

- b) The gauge of the needle used
- c) the closing pressure after the injection of tetracaine
- d) its occurrence in the elderly

- e) the selection of male patients

☐ When epidural anesthetics are placed with a larger needle than that used for spinal anesthetics, the likelihood of headache is higher

96. Which of the following would most likely indicate a hemolytic transfusion reaction in an anesthetized patient?

- a) Shaking chills and muscle spasm
- b) Fever and oliguria
- c) Heperpyrexia and hypotension
- d) Tachycardia and cyanosis
- e) **Bleeding and hypotension**

☐ It commonly presents with fever and chills but patients under general anesthesia present with bleeding and hypotension

97. In a gram negative bacterial septicemia :

- a) Pseudomonas is the most common organism involved.
- b) **Many of the adverse changes can be accounted for by endotoxin.**
- c) The cardiac index is low
- d) Central venous pressure is high.
- e) Endotoxin is mainly a long-chain peptide.

☐ Endotoxins are bacterial wall lipopolysaccharides that are responsible for many of the cellular and hemodynamic effects of septic shock.

98. In septic shock:

- a) The mortality rate is 10 to 20%
- b) Gram-negative organisms are involved exclusively
- c) **The majority of patients are elderly**
- d) The most common source of infection is alimentary tract.
- e) Two or more organisms are responsible in the majority of cases.

☐ The mortality rate in septic shock may reach up to 50%, though gram negative bacteria are the most common pathogens, other gram positive and some fungi may cause it. It is more common in children, elderly and immunocompromised patient. The most common primary sources of infection resulting in sepsis are the lungs, the abdomen and the urinary tract, but in one third of cases no source is found

99. Splenectomy does NOT have a role in the management of patients with hemolytic anemia due to: a) Spherocytosis.

- b) Elliptocytosis.
- c) Pyruvate kinase deficiency.
- d) **Glucose-6-phosphate dehydrogenase deficiency.**
- e) Sick cell anemia.

100. 23 years old white female is diagnosed as having chronic ITP. Which of the following will best predict a favorable remission after splenectomy?

- a) Presence of antiplatelet antibodies
- b) Increased bone marrow megakaryocytes
- c) Absence of Splenomegaly
- d) Platelet count of 170000/mm³ on corticosteroids
- e) Complement on platelet surfaces

101. HSV type 1 infection of the oral cavity, all true EXCEPT:

- a) Is the commonest viral infection in the oral cavity
- b) Can give gingivostomatitis
- c) In primary infection, there is systemic involvement
- d) May present with tonsillitis without oral lesion

☐ Primary infection may be associated with fever & headache, all other choices are true

102. All true about cephalosporin use, except:

- a) The most common side-effect is allergy
- b) There is a skin test for cephalosporin sensitivity

- **Common side effects** of Cephalosporin are mainly the digestive system: mild stomach cramps or upset, nausea, vomiting and diarrhea. These are usually mild and go away over time. Sometimes cause overgrowth of fungi normally present in the body, causing mild side effects such as a sore tongue, mouth, or vaginal yeast infections.
- **Allergic reactions to cephalosporin** are infrequent, but may cause life-threatening reactions such as severe difficulty breathing and shock. It is common in penicillin allergic patients

103. Gingivitis most likely cause:

- a) HSV
- b) Answer is not mentioned

☐ **Explanation:** The most common cause of gingivitis is poor oral hygiene that encourages plaque to form

104. All of the following drugs contraindicated in G6PD deficiency, EXCEPT :- a)

Aspirin

- b) Nitrofurantoin
- c) Chlorquine
- d) Sulphonamide
- e) Gentamycin

☐ Drugs & medications that can induce hemolysis in G6PD deficiency patients include: acetanilide, doxorubicin, Methylene blue, naphthalene, nitrofurantoin, primaquine, pamaquine & sulfa drugs.

105. All the following are side effect of thiazide diuretics except:

- a) Has diabetogenic effect

- b) **Cause hypocalcemia**
- c) cause hypomagnesemia
- d) Flat curve response
- e) cause Hypokalemia
- f) It causes Hypercalcemia

106. Which of the following combination is safe?

- a) **alcohol and metronidazole**
- b) Digoxin and amiodarone
- c) Warfarin and propranolol
- d) Furosemide and gentamicin

☐ All have interactions "But Alcohol & Metronidazole is controversial"

107. All of the following cause photosensitivity except:

- a) **Lithium**
- b) Propranolol
- c) Tetracycline
- d) Chlorpromazine
- e) Chlorpropamide

108. Regarding Urticaria, all true except:

- a) May be due to drug ingestion
- b) Not always caused by immune response
- c) Could be a part of anaphylactic shock
- d) **Always due to deposition of immune complexes**

☐ Pathophysiology of Urticaria could be :

- Allergic
- Autoimmune
- Infectious
- Stress & Chronic
- Dietary

109. Aluminum hydroxide & magnesium hydroxide inhibits the intestinal absorption of which drug? a)

Tetracycline

b) Folic acid

110. Hb electrophoresis done for a patient shows HbA1=58% , HbS = 35% , HbA2 = 2% , HbF = 5% , Dx : a)

Thalassemia minor

b) Thalassemia major

c) **Sickle cell trait**

d) Sickle cell anemia

e) Sickle cell thalassemia.

- Sickle cell anemia: In sickle cell trait, usually see HbS concentrations of 35 to 45% of total Hemoglobin because the HbS has a slower rate of synthesis than HbA
- If HbS is less than 33%, start thinking about S-alpha-thalassemia
- If HbS is greater than 50%, worry about S-Beta-thalassemia or Sickle cell disease with transfusion

	HbA	HbS	HbA ₂	HbF
Hb S-α-thal	55-60	40-45	2-3	<1
Hb AS	0	90-95	2-3	5-10
Hb SS	75	25	2-3	<1
Hb S- β thal major	0	90-95	Inc	5-10
Hb S- β thal minor	5-30	60-90	Inc	5-10

111. Where should we stop the OCP “Oral Contraceptive Pills”:

- a) In varicose veins

☐ **OCP side effects :**

- Venous thromboembolism
- Increase risk of breast cancer (while decrease the risk of ovarian, endometrial & colon cancers) ➤ Weight gain
- Acne
- Depression
- Hypertension

112. What is the osmolarity of NaCl?

- a) 155 mmol

☐ Because if we multiply 155 by 2 = 310

113. 55 years old male patient presented for check up, physical examination is normal, lab investigation microcytic hypochromic anemia, Hb = 9, what is the most likely cause to exclude? a) Lymphoma

- b) Gastroenterology malignancy

114. Side effect of steroid all except:

- a) Pelvic muscle myopathy

☐ **Steroids side effects :**

- Major:** Increased blood sugar for diabetics, Difficulty controlling emotion, Difficulty in maintaining train of thought, Weight gain, Depression, mania, psychosis or other psychiatric symptoms, Facial swelling, Unusual fatigue or weakness, Mental confusion / indecisiveness, Blurred vision, Abdominal pain, Peptic ulcer, Infections, Painful hips or shoulders, Steroid-induced osteoporosis, Stretch marks, Osteonecrosis, Long-term migraines, Insomnia, Severe joint pain, Cataracts or glaucoma, Anxiety, Black stool, Stomach pain or bloating, Severe swelling, Mouth sores or dry mouth & Avascular necrosis
- Minor:** Acne, Rash, Increased appetite, Frequent urination, Diarrhea, Removes intestinal flora & Leg pain/cramps

115. Patient who is a smoker, the least cancer he is predisposed to:

- a) Urinary Bladder cancer (high risk in smoker)
- b) Colon cancer
- c) Lung Cancer
- d) Esophageal cancer

116. Patient give history of malaise, fatigue and give history of decrease meat in her diet, HGB was 9 and hypochromic microcytic anemia what you will give her :

- a) Trail of iron therapy "she has iron deficiency anemia"
- b) iron and multivitamin

117. 25y male presented with scrotal swelling notice before 1 day, no pain, tenderness or urinary symptoms.

What the management?

- a) Referral to do US and consultation the surgery
- b) referral to do biopsy

118. Human bite to the hand, greatest risk of infection in which position a)

Dependent

- b) Clenched fist injury (Infection rate is higher than other types)
- c) Finger extended
- d) Extended thumb
- e) Extended fingers

119. Cat bite predispose to skin infection by witch organism^s a)

Staph

- b) Strept
- c) Pasteurella multocida

120. Human bite:

- a) Cleanse and debride as usual
- b) Tetanus prophylaxis as indicated
- c) Antibiotic prophylaxis Augmentin

121. A boy who was bitten by his brother and received tetanus shot 6 month ago and his laceration was 1 cm and you cleaned his wound next you will:

- a) Give Augmentin
- b) suture the wound
- c) give tetanus shot
- d) send home with close observation and return in 48 hours

122. Most common causes of hand infection

- a) Trauma
- b) immunocompromised

☐ **Explanation:** Most hand infections are bacterial and are the result of minor wounds that have been neglected. Human bite wounds are the second most common cause of hand infections.

123. Diagnosis of thalassemia minor :

- a) HbA2 and Hbf "by Electrophoresis"
- b) Microcytosis

- Autosomal Recessive disorder
- Inheriting defect genes from both parent → Thalassemia major, but from one parent → Thala. Minor

124. One of the following combination of drugs should be avoided

- a) Cephaloridine and paracetamol
- b) Penicillin and probenecid
- c) Digoxin and levadopa
- d) Sulphamethomazole and trimethoprim
- e) Tetracycline and aluminium hydroxide

- Administration of a tetracycline with aluminum, calcium, or magnesium salts significantly decreases tetracycline serum concentrations.
- Digoxin should be avoided from quinidine, amiodarone and verapamil.

125. What is the ratio of ventilation to chest compression in a one person CPR?

- a) 2 ventilation & 15 compression at rate of 80-100/min
- b) 1 ventilation & 15 compression at rate of 80-100/min
- c) 2 ventilation & 7 compression at rate of 80-100/min
- d) 1 ventilation & 7 compression at rate of 80-100/min
- e) 3 ventilation & 15 compression at rate of 80-100/min

126. When lactic acid accumulates, body will respond by:

- a) Decrease production of bicarbonate
- b) Excrete CO2 from the lungs
- c) Excrete Chloride from the kidneys
- d) Metabolize lactic acid in the liver

☐ **Explanation:** if lactic acid accumulate → metabolic acidosis, the body compensate to some extent by hyperventilation, via medullary chemoreceptor, leading to ↑ removal of CO2 in the lung

127. German Measles (Rubella)

- a) Arthralgia
- b) Arthritis

128. Rubella infection ,one is true

- a) Incubation period is 3-5 days
- b) Oral ulcer
- c) Arthritis

d) Does not cause heart complication for the fetus

- **Rubella:** Spread person to person, virus may be shed beginning 7 days before rash to 14 day after,
- **The incubation period** varies from 12 to 23 days (average, 14 days).
- **Signs and symptoms:** fever, Rash, adenopathy and arthralgia, **Arthritis is one of the rubella complication**

129. Critical count of platelets which lead to spontaneous bleeding is: a)

20000

- b) 50.000
- c) 75.000
- d) 100.000
- e) 200.000

130. To differentiate between low iron level from iron deficiency anemia and anemia of chronic disease is: a)

Ferritin

- b) TIBC
- c) Serum Iron
- d) Serum Transferrin

131. 43 years old man is brought to the emergency department after a motor vehicle accident involving a head-on collision. He mentioned that he is having headache and dizziness. During his overnight admission for observation, he developed polyuria and his serum sodium level rises to 151 meq/L. All of the following tests are indicated EXCEPT:

- a) Overnight dehydration test.
- b) Measurement of response to desmopressin
- c) MRI scan of the head
- d) **Measurement of morning cortisol level**
- e) Measurement of plasma and urine osmolality.

☐ **Explanation:** ADH reabsorbs water from the kidneys back to the body. So when absent or not working such as in diabetes insipidus, water is not reabsorbed so a sodium concentration in the body is high (hypernatremia) while the concentration in urine is low due to the large amounts of non reabsorbed water in it. Likewise, the serum osmolality is high while urine osmolality is low. The opposite is found in cases of syndrome of inappropriate ADH secretion (SIADH), which is a diagnosis of exclusion where you have to exclude hypothyroidism and adrenal insufficiency. Head trauma is a well known cause of both. In DI serum and plasma osmolality are essential, water deprivation test and response to desmopressin differentiate it from other differentials. MRI of the brain would show any damage or cut to pituitary stalk which causes interference with the delivery of ADH which in turn leads to DI in head trauma. Morning cortisone level is useless and not done

132. 26 years old man presented with headache and fatigue. Investigations revealed: Hb 8 g/dl MCV 85 fL, reticulocyte 10%, All the following investigations are useful EXCEPT: a) Coombs' test

- b) Sickling test
- c) Serum bilirubin
- d) **Serum iron**
- e) Hb electrophoresis

☐ **Explanation:** This is a case of hemolytic anemia. Iron deficiency anemia causes decrease in bone marrow production of RBC so retic count wouldn't be high

133. Serum ferritin reflects:

- a) **Total iron stores.**
- b) Serum iron.
- c) Bone marrow iron.
- d) None of the above.

☐ **Explanation:** Serum iron is reflected by TIBC which is an indirect measure of transferrin.

134. 15 years old Saudi boy presented to ER with fever, skin rash and shock. He was resuscitated and admitted to isolation ward with strong suspicion of meningococcal meningitis. LP confirmed the diagnosis. One of the following statements is TRUE:

- a) **Patient should be isolated in negative pressure room**
- b) Prophylaxis treatment should be given to all staff and patient were in ER when the patient was there
- c) Ciprofloxacin 500 mg once is an acceptable chemotherapy
- d) Meningococci are transmitted by contact only
- e) Meningococci are resistant to penicillin

- **Explanation:** Patient with meningococcal meningitis isolation for 24 hours after starting the antibiotics is of prime importance, since it spreads by droplet infection, it should be in a negative pressure room (similar to T.B.).
- Chemoprophylaxis is given to contacts (including staff) who didn't receive the vaccine in the past 2 years.
- The chemoprophylaxis is cipro 500 mg po OD (this is preventive not therapeutic).

135. 32 years old Saudi man from Eastern province came to you for routine pre-employment physical exam. He has always been healthy and his examination is normal. Lab: HCT: 35% MCV: 63fL WBC: 6800/ul retics: 4000/ul (0.7%) Platelet: 27000/ul his stool: -ve for occult blood, The most direct way to confirm suspected diagnosis:

- a) **Peripheral smear**
- b) Measure Hb A2 level
- c) G6PD screening
- d) Measure iron, TIBC and ferritin level
- e) Bone marrow stain for iron

☐ **Explanation:** This is a case of Thalassemia.

136. Most common source of bacterial infection in I.V canula is:

- a) Contamination of fluids during manufacturing
- b) Contamination of fluids during insertion of the canula
- c) **Contamination at site of entry through skin**
- d) Contamination during injection of medication
- e) Seeding from remote site due to intermittent bacteremia

☐ **Explanation:** Most common source of infection is through the skin by the flora present there which is staph. Epidermidis.

137. 68 years old businessman diagnosed to have hepatocellular carcinoma. One is true regarding disclosure (informing patient) :

- a) Patient should be told immediately after confirming the diagnosis regardless of his wishes b) Only patient's family should be informed
- c) 50% survival rate should be calculated according to literature and discuss with the patient
- d) Social worker should be responsible to tell the patient
- e) **Patient morale and understanding should be studied before telling him**

☐ **Explanation:** Patient with malignancy: telling the patient is by the most senior doctor, whether or not to tell the patient is individualized according to the wish of the patient and sometimes the family.

138. In brucellosis, all of the following are true EXCEPT:

- a) **brucella abortus cause more severe form than B. melitans in children**
- b) human to human is rarely document
- c) human can be infected through inhalation
- d) brucella species are small, non motile gram –vecoccobacilli

139. Which of the following is appropriate method to prevent brucellosis? a)

- Killing the vectors
- b) Prophylactic antibiotics
- c) **Pasteurization of the milk**

- **Brucellosis** “Malta fever, Maltese fever, Mediterranean fever” is a zoonosis infection caused by ingestion of unsterilized milk or meat from infected animals or close contact with their secretions “Gm-ve Coccobacillus”
- **Symptoms:** Septicemia lead to “fever + sweating + migratory arthralgia and myalgia”
- **Treatment:** Daily IM injections of streptomycin 1 g for 14 days and oral doxycycline 100 mg twice daily for 45 days (concurrently)

140. 17 years old girl presented with unilateral worsening headache, nausea, exacerbated by movement and aggravated by light, what is the diagnosis?

- a) **Migraine “Photophobia, vomiting)”**
- b) Cluster

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141. In brucellosis, all is true EXCEPT:

- a) Back pain
- b) Hepatomegaly
- c) Splenomegaly
- d) Lymphadenopathy
- e) **Gastroenteritis**

142. Common symptoms of Hodgkin lymphoma not seen in non-Hodgkin lymphoma: a)
night sweat

- b) superior vena cava syndrome
- c) CNS involvement
- d) intussusceptions
- e) **Bone pain**

143. Boy presented with painless neck mass, history for 5 weeks of fatigue, generalize pruritis and mild cough, what is the diagnosis?

- a) **Hodgkin's lymphoma**
- b) Lyme
- c) Infectious mono

144. Blood pressure, all of the following are true EXCEPT:

- a) if 2/3 of cuff false high BP
- b) internal cuff must cover 80% of arm
- c) **Follow circadian varylate night high BP**
- d) high BP 3 standard deviation away from normal
- e) you have to have more than one reading to Dx high BP

☐ **Explanation:** no circadian variation in BP

145. Blood pH:

- a) High after diarrhea
- b) Low after vomiting
- c) More in right atrium than Lt atrium
- d) **Lower in right atrium than left ventricle**

e) Lower in renal vein than renal artery

☐ **Explanation:**

A → after diarrhea (which is alkali) the blood will be acidic (low pH)

B → after vomiting (which is acidic "HCl") the blood pH will be alkali (high pH)

C → O₂ low H⁺ and high pH, so the pH in right atrium "low O₂" will be lower than the Lt atrium "high O₂"

D → Left ventricle has more oxygenated blood than right atrium

E → blood in arteries is more oxygenated than that in veins

146. Increased bleeding time is seen in all of the following except:

- a) **Hemophilia.**
- b) Scurvy.
- c) Von-Willebrand disease.

147. Fecal leukocytes come with all EXCEPT:

- a) Shigellosis.
- b) **Clindamycin induced colitis.**
- c) Idiopathic ulcerative colitis.

148. All of the following causes secondary HTN, except:

- a) Pheochromocytoma.
- b) **Addison's disease.**
- c) Hyperaldosteronism (Conn's disease)
- d) Renal disease.
- e) Pregnancy.

☐ **Explanation:** Addison's disease causes postural hypotension.

149. All can be used for the treatment of acute gout EXCEPT:

- a) **Allopurinol.**
- b) Penicillamine.
- c) Gold salt.
- d) Paracetamol.
- e) Indomethacin.

150. Patient on chemotherapy presented with fever, all should be done EXCEPT: a)

- Blood culture
- b) Urine culture
- c) **Aspirine is effective**
- d) broad spectrum antibiotics

☐ **Explanation:** Because of its SE it should be discussed thoroughly.

151. Complications of systemic hypertension are all EXPECT:

- a) Intracerebellar haemorrhage

- b) Renal artery stenosis.

152. All are true; EXCEPT:

- a) Iron supplement is not essential in all breast fed infant
- b) Normal pregnancy are not always end in normal deliveries
- c) All TB regimes should have INH
- d) One or more essential amino acids are deficient in most vegetables
- e) Protein of low biological value present in cereals and legumes

153. All cause recent loss of weight , except:

- a) AIDS
- b) Cancer
- c) Nephritic syndrome
- d) Kwashiorkor

☐ **Explanation:** Nephritic syndrome cause increase in weight due to fluid retention.

154. Patient suspected of having brain abscess, what is the most important question in the history? a)

- Frontal sinusitis.
- b) Ear discharge.
- c) Head injury.
- d) Bronchiectasis.

155. all of the following is extrapyramidal Symptoms except :

- a) Dyskinesia
- b) Akathisia
- c) Bradykinesia
- d) clonic - tonic convulsion

156. Migraine case (How to confirm the diagnosis)

- a) MRI
- b) Careful history and examination

157. Adult with unilateral headache pulsatile increase with activity & light a)

Migraine

158. Old patient with progressive weakness of hand grip , dysphagia

- a) Myasthenia Gravis

159. Guillain-Barre syndrome is closely associated with which one of the following

- a) descending paralysis start from upper limb
- b) normal CSF
- c) Ascending paralysis start from the lower limb
- d) need ECG

160. Patient with CVA came after 6h give him

- a) **Aspirin**
- b) t- PA
- c) colpidogril
- d) heparin

161. Most common cause of CVA, Mostly embolic resource a)

- AF**
- b) VSD

162. An old man undergoing brain surgery and on aspirin. He needs prior to surgery: a)

- vitamin K Parenterally
- b) vitamin K orally
- c) delay surgery for 2 days
- d) **Delay surgery for 2 weeks**

163. Depressed patient has injection big quantity of Aspirin 6 hours ago, came to ER complaining of nausea, vomiting, increase respiration, investigatin showed highly elevated level of ASA, what is your action? a)

- urine acidity something
- b) charcoal
- c) haemodialysis
- d) **Alkalinization of the urine**

- **Aspirin toxicity:** in early stages, salicylate will stimulate respiratory center → increase RR → respiratory alkalosis that will be compensated by metabolic acidosis. In late stage, it will interfere with COH, fat, & protein metabolism as well as Oxidation phosphorylation leads to increase lactate, pyrovate, & keton bodies. All will lead to decrease pH.
- **Signe & symptoms** includes: nausea, vomiting, increase RR, temp and HR, sweating, cerebral or pulmonary edema, & coma. +ve anion gap.
- **Treatment:** hydration, correct K+, gastric lavage or activated charcoal, urine alkalization, hemodialysis)

164. Child was sick 5 days ago culture taken showed positive for meningococcal. Patient now at home and asymptomatic your action will be:

- a) **Rifampicin**
- b) IM Ceftriaxone

☐ When oral rifampin (4 doses in 2 days) was compared with a single IM dose of ceftriaxone for prophylaxis, follow-up cultures **indicated that ceftriaxone was significantly more effective**

165. Positive menngiocoal TB

- a) **Rifampicin 7 days**
- b) 3-single dose IM ceftriaxone

166. Patient discharge with meningococcal meningitis and now asymptomatic, what is next step?

- a) Rifampicin
- b) **Ceftriaxone**
- c) no vaccine

167. Old female with recurrent fracture, Vitamin D insufficiency and smoker. Which exogenous factor has the greatest exogenous side effect on osteoporosis?

- a) Old age
- b) **Smoking**
- c) Vitamin D insufficiency
- d) Recurrent fracture

168. 58 years old female, known case of osteopenia, she's asking you about the best way to prevent compression vertebral fracture, what would you advise her?

- a) avoid obesity
- b) **Vit. D daily**
- c) Wight bearing exercise

169. What is the TRUE about backache with osteoporosis?

- a) Normal x ray vertebra exclude the diagnosis
- b) Steroid is beneficial TTT
- c) **Vitamin D deficiency is the cause**

170. Old lady with recent osteoporosis ask about drug to prevent lumbar fracture a)

- Vitamin D**
- b) Bisfosphonate
- c) Exercise

171. What is the most common non-traumatic fracture caused by osteoporosis? a)

- Colle's fracture
- b) Femoral fracture
- c) **Vertebral compression fracture**

172. Adolescent female with eating disorder & osteoporosis, what is the treatment? a)

- Weight gain**
- b) Vitamin D
- c) Bisphosphonates

173. 70 years old male with osteoporosis the T score of Bone Densitometry would be : a)

- 3.5**
- b) less than -2.5
- c) -1
- d) -2

☐ Bone Mineral Density is measured by T-score "All values by minus (-)" ➤

Above -1 ➔ normal.

➤ Between -1 & -2.5 ➔ osteopenia

➤ Below -2.5 ➔ osteoporosis

174. Old male, back pain, examination is normal, gave him steroid, come again with vesicle from back to abdomen:

a) VZV

☐ Varicella Zoster Virus remains dormant in the nervous system after 1st infection. It may reactivate and causes 2nd infection [Herpes Zoster] along nerve roots, so in this case it extends from back to abdomen which is a thoracic nerve root [Dermatome]

175. Patient present with mid face pain, erythematous lesions and vesicles on periorbital and forehead, the pain is at nose, nose is erythematous. What is diagnosis?

- a) Roseola
- b) HSV
- c) Herpes zoster

☐ Herpes zoster affects the dermatomes so it is painful, in this case most likely affects Trigeminal nerve

176. All the following cause hyponatremia except:

- a) DKA
- b) Diabetes insipidus "causes Hypernatremia due to huge loss of water in the form of diluted urine"
- c) High vasopressin level
- d) Heart failure

177. anti-inflammatory drug can cause all except

- a) acute renal failure
- b) tubular necrosis
- c) Hypokalemia
- d) interstitial nephritis

☐ Increase in the risk of myocardial infarction, gastrointestinal (most commonly), inflammatory bowel disease, Interstitial nephritis, Nephrotic syndrome, Acute renal failure, Acute tubular necrosis, Photosensitivity, metabolic and respiratory acidosis and hyperkalemia

178. All in hypokalemia except:

- a) Hyperosmolar coma
- b) Phenytoin toxicity
- c) Muscle paralysis

179. Which of the following could be seen in patient with bulimia

- a) Hypokalemia.
- b) Metabolic acidosis.

☐ Bulimia is binge eating which means the patient eats a lot then does forced vomiting so there is loss of acids & electrolytes which leads to hypokalemia & metabolic alkalosis.

180. One of the following condition does not cause hypokalemia

- a) Metabolic alkalosis
- b) Furosemide

- c) Hyperaldosteronism
- d) **Acute tubular necrosis**
- e) Diarrhea

☐ Acute tubular necrosis cause hyponatremia, hyperkalemia, hypermagnesemia, hypocalcemia, hyperphosphatemia and metabolic acidosis

181. Best economical NSAID IS

- a) Indometacin
- b) **Brufen**

182. The drug with the least side effects for the treatment of SLE is: a)

NSAIDs

- b) Methotrexate
- c) Corticosteroid
- d) Hydroxychloroquin

☐ Methotrexate, corticosteroid and hydroxychloroquin.

183. All the following cause hyponatremia except:

- a) DKA
- b) **Diabetes insipidus (hypernatremia)**
- c) High vasopressin level
- d) Heart failure

184. Cherry red skin found in:

- a) Polycythema
- b) **CO poisoning**

185. Duration of drug in Rheumatoid fever is :

- a) 6 years
- b) 15 years
- c) **Primary prevention lasts for 10 days and 2ry prevention lasts for 5years or 10 years depending on presence of carditis**

186. Not true about hypokalemia :

- a) ST changes
- b) Happened in hyperosmolar non ketotic
- c) PR changes
- d) **All true**

187. Earlier sign of puberty in male is:

- a) Appearance of pubic hair
- b) **Increase testicular size**
- c) Increase penis size
- d) Increase prostate size

- ☐ The first sign of puberty in boys is testicular enlargement more than 2.5 centimeters which followed by a growth spurt 1-2 years later and beginning of spermatogenesis.

188. Patient with 2nd syphilis receive 2nd dose of penicillin became hypotensive a)

Stop penicillin

- ☐ Patient is allergic to penicillin.

189. Male patient with hemarthrosis. What is the most likely diagnosis is?

- a) Thrombocytopenia
- b) **Factor 8 deficiency**

- ☐ Factor V and VIII deficiency of the two factors was accompanied by a life-long bleeding tendency in males

190. Female patient had carpopedal spasm after measuring her BP. This is caused by:

- a) **Hypocalcemia**

191. Patient with macrocytic anemia without megaloblast. What's the most likely diagnosis? a)

Folic acid

- b) Vitamin B12 deficiency
- c) **Alcoholism**

192. Which of the following method is rapid and best for complete gastric evacuation? a) G lavage

- b) Manual induce Vomiting
- c) Syrupe
- d) **Active charcoal**

193. Patient with severe vomiting and diarrhea in ER when he stands he feels dizziness.

Supine BP 120/80 on sitting 80/40. When asking him he answers with loss of sensorium what is most likely he has? a) insulin something

- b) **Dehydration something**

194. Patient with a scenario going with liver cirrhosis with ascites, diet instructions:

- a) **High carbs, low protein**
- b) Sodium restriction

- In general, recommendations for patients with severe liver disease may include:
- Large amounts of carbohydrate foods.
- Moderate intake of fat
- About 1 gram of protein per kilogram of body weight..
- Vitamin supplements, especially B-complex vitamins.
- Reduce salt intake

195. In active increase transaminase which of the following drugs contraindicated

- a) Ranitidine
- b) infidipine
- c) **Vastatin**

196. 40years old Patient known to have crohn's Disease, came with fevers, hip and back pain, blood positive brown stool. On Examination, soft abdomen, normal bowel sounds, normal range of motion of hip. What is the best radiological diagnosis?

- a) Abdominal US
- b) **Abdominal CT**
- c) Hip CT
- d) IV venogram
- e) Kidney US

197. Patient with chronic heartburn, treated with antacids, no improvement waht next action:

- a) another antacids
- b) h2 blockers
- c) **PPIs**
- d) prokinetic agents

198. Symptom of reflux esophagitis

- a) minor the risk of MI
- b) not effected by alkali
- c) increase by standing
- d) **can be distinguish between it and duodenal ulcer**

199. Patient with diffuse abdominal pain, diminished bowel sounds, x-ray showed dilated loop specially the transverse, what's the diagnosis?

- a) **Acute pancreatitis**
- b) Acute cholecystitis
- c) Bacterial enteritis

200. Celiac disease patient, all should be avoided except :

- a) wheat
- b) oat
- c) **Rice**

201. Which drug increase incidence of reflux esophagitis:

- a) **Theophylline**
- b) Amoxicillin
- c) Metoclopramide
- d) Ranitidine
- e) Lansoprazole

☐ Some common medications also can cause a chemical burn in the esophagus. Pills that are most likely to cause esophagitis include:

- aspirin
- doxycycline
- iron supplements
- NSAIDs such as ibuprofen (Advil, Motrin) or naproxen (Aleve, Naprosyn)
- osteoporosis medications such as alendronate (Fosamax) or risedronate (Actonel)

202. Young patient complain of watery diarrhea, abdominal pain, with a previous history of mucus diarrhea.

Symptom improve when sleep

- a) Crohn's
- b) UC
- c) **IBS**

203. Young female complaining of severe diarrhea, weight loss, vomiting, abdominal pain, has been diagnosed to have Crohn's disease, what is etiology mechanism of Crohn's disease? a)

Female more affected

- b) **Non-caseating granulomas**
- c) Diabetic
- d) Unknown

204. Which of the following true about headache :

- a) Increase ICP at last of day
- b) **Normal CT may exclude subarachnoid hemorrhage**
- c) Amaurosis fugax never come with temporal arteritis
- d) Neurological sign may exclude migrant

205. Yong man predict that he is going to have a seizure , then he became rigid for 15 sec the developed generalized tonic clonic convulsion for 45 sec. you initial ER action in future attacks will be a) **Insert airway device.**

- b) Apply physical splint or protection.

206. Patient with disc prolapse will have:

- a) **Loss of ankle jerk**
- b) Fasciculation of posterior calf muscles.
- c) Loss of Dorsiflexion compartment of the foot.
- d) Loss of the sensation of the groin and anterior aspect of the thigh.

207. Patient after trauma to the knee present with knee swelling of bloody content ,the probable mechanism is:

- a) platelet deficiency
- b) **clotting factor deficiency**
- c) platelet dysfunction
- d) blood vessels dysfunction

208. Blast cell

- a) AML
- b) **ALL**

- c) CML
- d) CLL

209. Uric acid in body how the body removed by

- a) increase metabolism of uric acid in liver
- b) increase excretion of uric acid in urine
- c) excretion of uric acid by lung

210. What is the more prognostic factor for Chronic granulocytic leukemia a)

stage

- b) bone marrow involvement
- c) age at discovery

211. Elderly patient know case of IHD, you give him PRBC, but after that he suffer from fever with temperature of 38.5 what you will do?

- a) decrease rate of transfusion
- b) stop transfusion and treat patient with acetaminophen only
- c) stop transfusion and treat patient with mannitol and acetaminophen

212. Patient came with pitting edema grade 1, where is fluid will accumulate? a)

arteriole

- b) veniole
- c) interstitial
- d) capillary

213. What is the pathophysiology infection in DM why they develop infection? a)

decrease phagocytosis

- b) decrease immunity
- c) help in bacteria overgrowth

214. Case about patient with papules in the genital area with central umbilication, history of unprotected sex "Molluscum contagiosum", what is the treatment?

- a) Acyclovir

215. Doctor do breath by mask, but nothing happen , what you will do

- a) continue one breath every 5seconds
- b) put him on recovery position
- c) intubation
- d) do nothing till whole medical team

216. DKA

- a) starvation cause increase of amino acids and fatty acids which utilize by the body
- b) Ketone body which excreted in urine
- c) Decrease in insulin lead to → fatty acid → ketone bod

217. 70 years old patient, come with investigations showed osteolytic lesion in skull, monoclonal spike, rouleaux formation:

- a) Multiple myeloma

218. Cause hypertensive crisis:

- a) Enalapril
b) Losartan
c) Hydralazine

219. Which one of these drugs causing hypertensive crisis when it is not stopped gradually? a)

Diltiazim

- b) Clonidine
c) Beta blocker

☐ **Common Causes of Hypertensive Crises**

- 1) Antihypertensive drug withdrawal (e.g., clonidine)
- 2) Autonomic hyperactivity
- 3) Collagen-vascular diseases
- 4) Drugs (e.g., cocaine, amphetamines)
- 5) Glomerulonephritis (acute)
- 6) Head trauma
- 7) Neoplasias (e.g., pheochromocytoma)
- 8) Preeclampsia & eclampsia
- 9) Renovascular hypertension

220. Hypertensive patient with liver cirrhosis, lower limb edema and ascites, what to use? a)

Thiazide “better K-sparing diuretic”

- b) Hydralazine
c) Something

221. Patient with hepatomegaly, Kayser–Fleischer rings, what is the treatment?

- a) Penicillamine “Wilson’s Disease”

222. Patient work in hot weather come with clammy cold skin ,hypotensive tachycardia a)

Heat stroke

- b) Heat exhaustion

- **Heat exhaustion:** This condition often occurs when people are exposed to high temperatures especially when combined with strenuous physical activities and humidity. Body fluids are lost through sweating, causing dehydration and overheating of the body. The person's temperature may be elevated, but not above 104 F
- **Heat stroke:** also referred to as sun stroke, is a life-threatening medical condition. The body's cooling system, which is controlled by the brain, stops working and the internal body temperature rises to the point at which brain damage or damage to other internal organs may result (temperature may reach 105 F [40.5 C] or greater)

223. Elderly patient known case of HTN and BPH , which one of the following drug is potentially recommended in such case:

- a) Atenolol
- b) **Terazosin**
- c) Losartan

224. In cachectic patient, the body utilizes the proteins of the muscles:

- a) **To provide amino acid and protein synthesis.**

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225. Patient walking for relatively long time on ice when she was on vacation (somewhere in a cold area) her feet are pale with marked decrease in pain sensation but the pulse is palpable over dorsalis pedis what is the appropriate thing to do:

- a) immediate heat with warm air
- b) **Put her feet in warm water.**
- c) I forget the rest but it is not appropriate

226. A man travelled to some country , there is endemic of onchocerciasis ,he stays there for 1 wk .his ability to get this disease is

- a) High
- b) Severe
- c) Minimum
- d) **Non existent**

227. Patient with Severe hypothyroidism and hyponatremia ($108 = Na$), high TSH and not respond to painful stimuli, how would you treat him:

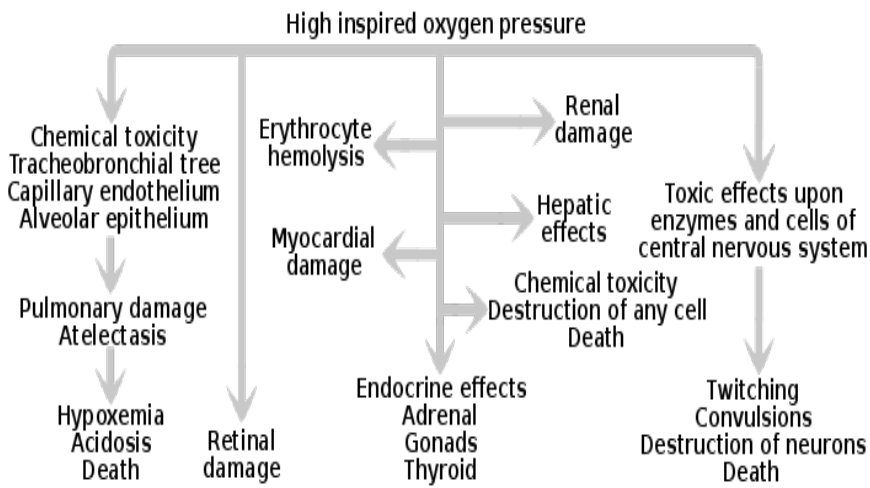
- a) Intubate, give 3% sodium then treat hypothyroidism status
- b) treat hypothyroidism & monitor S.Na level every 6 hours
- c) Thyroid and fluid replacements only
- d) Thyroid and fluid and 3% Na
- e) **Give 3% sodium, hydrocortisone & treat hypothyroidism status**

228. Patient with HTN presented with edema, azotemia, GFR: 44 (not sure about - 5) what is the cause of her Kidney disease?

- a) **bilateral renal artery stenosis**
- b) diabetic nephropathy
- c) Reflux..
- d) Renal tubular acidosis

229. 100% O₂ given for prolonged periods can cause all except:

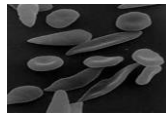
- a) Retrosternal Pain
- b) Seizures
- c) **Depression**
- d) Ocular Toxicity



230. case of fever of unknown origin with enlarged lymph node every other test is negative for T.B what is next :

- d) Lymph node biopsy
- e) liver biopsy
- f) bone marrow biopsy

231. Patient presented with stroke feet. The diagnosis: a) Sickle cell
b) Thalassemia



and had history of swollen painful hands and anemia.

232. Female patient comes with history of periorbital swelling, itching all over body, O/E there is lymphadenopathy. Liver and spleen are enlarged. What is the diagnosis? a) Urticaria
b) Angioedema
c) Lymphoma

233. What drug is likely to cause heat-stroke as it inhibits sweating :

- a) Orphanedrine
- b) Hyoscamine Sulfate

☐ Hyoscamine sulfate Warnings: In the presence of high environmental temperature, heat prostration can occur with drug use (fever and heat stroke due to decreased sweating) ☐ other drugs:

- Anticholinergics ➤ Neuroleptics ➤ Diuretics.
- Sympathomimetics
- Antihypertensives

234. What drug reverses the effect of Benzodiazepines:

- a) Flumazenil

☐ Flumazenil (Anexate) is a competitive benzodiazepine receptor antagonist that can be used as an antidote for benzodiazepine overdose

235. 50 years old male, presented with yellowish discoloration of both eyes and body, fatigue ... O|E nothing except jaundice, pallor, vitiligo .. investigation ; wbc; 2500 , hgb ; 7.5 , plt ; 51 .. LFT; elevation of total

bilirubin and direct bilirubin. Which one of the following is correct to complete this syndrome? a) positive coombs test

b) antibodies against parietal cells

- autoimmune hemolytic anemia:
- antibodies directed against the persons own red blood cells
- the primary illness is idiopathic ,secondary can result from many other illness (autoimmune)
- evidence of hemolysis (increse unconjugated bilirubin,decrease haptoglobin,increase lactic dehydrogenase)
- Specific investigation:positive direct coombs test.

236. which one of the following is prognostic factor for CML ; a)

Age.

b) chromosomal abnormality

☐ In CML there is chromosomal translocation (Philadelphia) CML was the first malignancy to be linked with clear genetic abnormality.

237. stroke patient , most probable cause :

- a) Polycythemia vera
- b) Sickle cell anemia
- c) 2 ry polycethmia .

238. antidote of acetaminophen:

a) acetylcysteine

239. Patient with polycythemia Vera the cause of bleeding in this pt is a)

Increase viscosity

b) Low platelets

- Thrombosis and bleeding are frequent in persons with polycythemia vera (PV) and MPD, and they result from the disruption of hemostatic mechanisms because of (1) an increased level of red blood cells and (2) an elevation of the platelet count. There are findings that indicate the additional roles of tissue factor and polymorphonuclear leukocytes (PMLs) in clotting, the platelet surface as a contributor to phospholipiddependent coagulation reactions, and the entity of microparticles. Tissue factor is also synthesized by blood leukocytes, the level of which is increased in persons with MPD, which can contribute to thrombosis.
- Rusak et al evaluated the hemostatic balance in patients using thromboelastography and also studied the effect of isovolemic erythrocytapheresis on patients with polycythemia vera. They concluded that thromboelastography may help to assess the thrombotic risk in patients with polycythemia vera ☐ Hyperhomocystinemia is a risk factor for thrombosis and is also widely prevalent in patients with MPD (35% in controls, 56% in persons with PV).
- Acquired von Willebrand syndrome is an established cause of bleeding in persons with MPD, accounting for approximately 12-15% of all patients with this syndrome. von Willebrand syndrome is largely related to the absorption of von Willebrand factor onto the platelets; reducing the platelet count should alleviate the bleeding and the syndrome.

240. Wound, with greenish discharge, Gram + ve in long chain?

- a) Streptococcus
- b) Proteus
- c) Chlamydia

241. Iron deficiency anemia will show

- a) Low ferritin low iron low TIBC
- b) Low ferritin low iron high TIBC
- c) high ferritin low iron low TIBC
- d) Low ferritin high iron low TIBC

- In anemia of chronic disease without iron deficiency, ferritin levels should be normal or high, reflecting the fact that iron is stored within cells, and ferritin is being produced as an acute phase reactant but the cells are not releasing their iron. In iron deficiency anemia ferritin should be low.[5]
- TIBC should be high in genuine iron deficiency, reflecting efforts by the body to produce more transferrin and bind up as much iron as possible; TIBC should be low or normal in anemia of chronic

242. Patient have normal Na , Cl , urine PH ALL electrolyte were normal except HCO₃ was low : (serum PH not mention)

- a) met acidosis (not sure)
- b) met alkalosis
- c) res acidosis
- d) Respiratory alkalosis (compensated)

243. 70 years old with sever muscle pain , diarrhea , disorientation , he is in diuretic the cause : a)

- Hyponatremia
- b) Hypokalemia

244. the mechanism of action of heparin:

- a) activation of antithrombin iii

245. chronic use of alcohol : first drug to give pt :

- a) thiamine

☐ All patients being treated for AW should be given 100 milligrams (mg) of thiamine as soon as treatment begins and daily during the withdrawal period.

246. important tools for listening to a patient include:

- a) Using tools for asking.
- b) Imagination.
- c) Using similar words and expressions as the patient.
- d) A sense of humor.
- e) All of the above.

247. Patient admitted as a case of emphysema, according to the vaccine what you will do a)

give pneumococcal vaccine now

b) give flu vaccine now

c) give all vaccine 2week after discharge

d) give flu vaccine now and pneumococcal vaccine 4 week after discharge

248. pt received varicella vaccine after 30 min he developed itching .. treatment is : a)

Subcutaneous epinephrine

249. case scenario pt with HZV ttt :

a) acyclovir for 3-5 days

b) acyclovir and refer for ophthalmology

250. effect of niacin is :

a) decrease uric acid .

b) hypoglycemia

c) increase LDL

d) increase HDL

e) increase triglyceride

251. Patient with digoxin toxicity the most important to give ?

a) Immune fab k

252. chickpeas.kidney beans and lentils contain which element of following : a)

bromide

b) chromium

c) iron

d) Selenium

253. advise to pt. to avoid food high in cholesterol

a) Liver

b) chicken

c) tuna

d) egg white

254. what food causes bleeding in a patient on anticoagulants: a)

garlic

b) spinach

c) avocados

d) ginkgo

255. hematology case ... peripheral blood smear reveals target cell =

a) SCD

**256. 28 old known case of sickle cell anemia in last two month
hospitalized two time because of abdominal pain , this time he**

presented with abdominal pain , back pain and chest pain , what will you do

- a) Hospitalize the patient and give him analgesics and observe him
- b) give him IVF and treat him as an outpatient
- c) Referred the patient to Tertiary center specialized in his problem
- d) Give analgesics
- e) blood transfusion

257. On flow cytometric analysis of a sample of fetal thymus a certain population of cells is identified that is positive for both cd4 and cd8 cell surface Antigens. These cells are best characterised as which of the following cells?

- a) Immature cortical T lymphocyte.
- b) mature cytotoxic T lymphocyte
- c) Mature helper T lymphocyte.
- d) antigen presenting cells
- e) natural killer (NK) cell

258. Fresh frozen plasma in what case?

- a) Hemophilia a
- b) Hemophilia b
- c) Von willebrand
- d) DIC
- e) coagulopathy from liver disease

259. Pneumococcal vaccine :

- a) Not recommended in healthy child
- b) Can't be given with MMR
- c) Can't be given to child less than 2 years
- d) If given to sickler and exposed to infection has to take penicilin

260. What is the most important in counseling:

- a) Exclude physical illness
- b) Establishing rapport
- c) Family
- d) Schedule appointment

261. Patient came with fatigue, weight loss and diarrhea. He received a blood transfusion when he was in Kenya. He has low grade fever. The vitals are stable, Skin EX. There is contagious mollosum in groin (i guess it written like this) There is generalized lymphadenopathy and palpable liver ,, what is the diagnosis:

- a) secondary syphilis
- b) persistent chronic hepatitis B
- c) HIV
- d) acute lymphoma

262. what is the organism that cause meningitis in college dormitories : a)

- h. influenza

- b) Neisseria gonorrhea
- c) Streptococcus Pneumonia
- d) Staph. Aurous
- e) Neisseria meningitides bacteria

263. Nonmedical treatment of premature ejaculation??

- a) the use of acupuncture

264. leukemia with blast cells:

- a) AML
- b) ALL
- c) CML
- d) CLL

265. Patient on isoniazid for TB prophylaxis, what test should be regularly done: a)

Spirometry

- b) LFT
- c) RFT

266. young male has a painless mass in the testis that is increasing with time what is your advice: a)

US and consult surgeon

267. drug binds to the bile and prevent its reabsorption:

- a) Cholystramine

268. long scenario about young male with spoon shaped nails:

- a) iron deficiency anemia

269. in Window period of hepatitis B

- a) HBc
- b) HBs ag
- c) HBs antibody
- d) HBc Ab (IgM)

270. Obese patient brought by his father. He is above the 95th centile for height and weight. What in the next step?

- a) Life style modification

271. Obese female patient. What is the next step?

- a) Decrease caloric intake

272. Patient with N.Gonorrhea bacteremia what is the AB of choice

- a) Penicillin

273. Patient with seizure using Aspirin and phenytoin for 2 years, complaining of mild mid epigastric pain and bilateral painless

axillary lymph nodes 2×2cm, Biopsy of the lymph nodes showed Hyperplasia , what is the diagnosis?

- a) Drug reaction
- b) Hodgkin lymphoma
- c) SLE
- d) CLL

274. Patient came with low iron and high AST and high MCV no megaloblasts in the blood what is the diagnosis?

- a) Alcohol
- b) Vitamin B12 deficiency
- c) Folic acid deficiency
- d) Due to drugs

275. 22 yr, low HGB low PLT and high WBC , peripheral smear shows blast cell with large nucleus and scant cytoplasm and some nucleoli -- positive myeloperoxidase test and negative esterase , DDX: a) Acute lymphocytic

- b) Acute myelocytic
- c) Acute monocytic

276. During blood transfusion , the patient develop fever and pain at infusion site – your action : a) slow infusion+antibiotic

- b) slow infusion + acetaminophen?
- c) stop infusion + crystalloid fluid
- d) stop infusion+ mannitol+acetaminophen

277. Treatment of cold induced urticaria:

- a) Cimetidine
- b) diphenhydramine.

278. All of the following are signs of allergy to local anesthesia, EXCEPT :

- a) Laryngeal spasm
- b) Urticaria
- c) Low BP
- d) Bronchospasm

279. Patient recovering from Viral Gastroenteritis, vomiting and diarrhea abated but still having Anorexia. What will you advise?

- a) Bananas
- b) Rice cereal and apple juice Chopped pear
- c) yogurt
- d) Granola

280. Which of the following b- blocker .. have an alpha blocking effect :

- a) Labetalol and Carvedilol (block beta and alpha)

281. picture of pelvic x ray what is diagnosis

- a) normal
- b) paget disease
- c) spondylitis
- d) osteoporosis

282. all of the following will improve the patient compliance except:

- a) making the appointment convenient?
- b) simplify the regimen
- c) writing the instructions clearly
- d) tell about the danger of missing doses
- e) involve the patient as active participant

283. A case of a patient with polycythemia and develop itching after taking a bath a)

- increase histamine sensitivity
- b) abnormal histamine release

284. What is the organism that will growth in the agar in a sample from a cat bite ?!

salmonella

- a) bacteroid species ?
- b) streptococcus

285. Regarding Paracetamol toxicity:

- a) Not toxic if dose exceed 150-180 mg
- b) Cause vomiting and neuropathy
- c) Therapeutic effect after 4 hours
- d) Use Deferoxamine
- e) The liver enzyme reaches the max. Level 4-6 hours after ingestion

286. What can you give to increase iron absorption to the body? a)

- Vitamin E
- b) Vitamin C
- c) Zinc

287. penis numbness after sitting for long time:

- a) **pudendal nerve entrapment**

288. Young patient came with conjunctivitis coryza cough and diffuse maculopapular rash.. There was a white lesion in the mouth, what is the diagnosis?

- a) Rubella
- b) Rubeola

289. Patient with UTI and allergic to sulfa and penicillin

- a) **Nitrofunton**
- b) Cephalexin
- c) SMT

General surgery.

1. 42 years old woman presented with a painful breast mass about 4 cm in the upper lateral quadrant. It increases in size with the menstrual period. Examination showed a tender nodularity of both breasts. What is the management:
- a) Hormonal treatment with oral contraceptive pills
 - b) Hormonal treatment with danazol
 - c) Lumpectomy
 - d) Observation for 6 months
2. Best investigation to visualize the cystic breast masses is:
- a) MRI
 - b) CT
 - c) Mammogram
 - d) US
3. Which of the following breast mass is bilateral?
- a) Paget disease
 - b) Lobular carcinoma
 - c) Mucinous carcinoma
4. 36 years old female with breast mass mobile and change with menstrual cycle, no skin dimple or fathering. Your advice is
- a) Repeat exam after 2 cycle
 - b) Make biopsy
 - c) Fine needle aspiration
 - d) Oral contraception
5. Concerning the treatment of breast cancer, which of the following statement is false?
- a) Patients who are estrogen-receptor-negative are unlikely to respond to anti-estrogen therapy.
 - b) The treatment of choice for stage 1 disease is modified mastectomy without radiotherapy.
 - c) Patients receiving radiotherapy have a much lower incidence of distant metastases
 - d) Antiestrogen substances result in remission in 60% of patients who are estrogen-receptor-positive.
 - e) A transverse mastectomy incision simplifies reconstruction.
6. What is the most important predisposing factor to the development of an acute breast infection? a)
- Trauma
- b) Breast feeding
 - c) Pregnancy
 - d) Poor hygiene
 - e) Diabetes mellitus
7. 30 years old female presented with painless breast lump. Ultrasound showed a cystic lesion. Aspiration of the whole lump content was done and was a clear fluid. Your NEXT step is:
- a) Do nothing and no follow-up.
 - b) Send the aspirated content for cytology and if abnormal do mastectomy.
 - c) Reassure the patient that this lump is a cyst and reassess her in 4 weeks.
 - d) Book the patient for mastectomy as this cyst may change to cancer.

- e) Put the patient on contraceptive pills and send her home.

8. In breast cancer, all true except:

- a) 2 cm mass with free axilla is stage I
- b) Chemotherapy is must for pre-menopausal with +ve axilla
- c) Radical mastectomy is the choice of surgery
- d) Yearly mammogram for contra-lateral breast

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9. What's true about screening of breast cancer?

- a) Breast self-exam and mammography are complementary

10. Breast cancer in female under 35 years all of the following are true EXCEPT:

- a) Diagnosis and treatment are delayed due to the enlarged number of benign disease
- b) The sensitivity of the mammogram alone is not enough for diagnosis
- c) Family history of benign or malignant disease is predictive of diagnosis
- d) All discrete breast lumps need fine needle aspiration

11. Which of the following can cause of giant breast?

- a) Diffuse hypertrophy
- b) Cystosarcomaphyllodes
- c) Giant Fibroadenoma
- d) All of the above

12. Factors associated with an increased relative risk of breast cancer include all of the following EXCEPT: a) Nulliparity.

- b) Menopause before age 40.
- c) A biopsy showing fibrocystic disease with a proliferative epithelial component.
- d) First term pregnancy after age 35.
- e) Early menarche.

13. The following are appropriate methods for the treatment of inflammatory processes in the breast EXCEPT:

- a) Sporadic lactational mastitis treated with antibiotics and continued nursing.
- b) Recurrent periareolar abscess with fistula treated by distal mammary duct excision.
- c) Breast abscess treated by incision and drainage.
- d) Breast abscess treated with antibiotics.
- e) Thrombophlebitis of the superficial veins treated by reassurance of the patient and follow up examination only.

14. Factor which determine recurrence of breast cancer :

- a) Site & size of breast mass
- b) Number of lymph nodes
- c) Positive estrogen receptor
- d) Positive progesterone receptor

15. 23 years old female consulted her physician because of breast mass, the mass is mobile, firm and approximately 1 cm in diameter. It is located in the upper outer quadrant of the right breast. No axillary lymph nodes are present. What is the treatment of choice for this condition?
- Modified radical mastectomy
 - Lumpectomy
 - Biopsy
 - Radical mastectomy
 - Watchful waiting**
16. 35 years old lady complaining of breast tenderness and diffuses nodularity, during the physical examination you found 3 cm tender mobile right side mass, what you will do next? a)
- FNA with cytology**
- Mammogram
 - Biopsy
 - Follow up for next cycle
 - Observation
17. The management of breast engorgement:
- Warm compression with continue breast feeding**
 - cold compression with stoppage of breast feeding
 - cloxacillin with continue breast feeding
18. Lactating women with mastitis:
- Continue lactation**
 - Clean with alcohol
 - Surgical drainage
19. Clear aspirated fluid from breast cyst will be:
- send to cytology**
 - Throw away
 - send to biochemical analysis
 - combined with biopsy
20. 50years old female with breast cancer and CA125 elevate, So elevation due to a)
- Breast cancer
- Associate with ovarian cancer**
 - due to old age
 - normal variation
- ☐ CA125 → tumor marker mostly used for ovarian Ca, but it's also used with endometrial, fallopian, breast & GIT Ca
21. Female 13 years old , came complaining of mass in her left breast in lower outer quadrant , it is soft tender about 2 cm in size , patient denies its aggravation and reliving by special condition her menarche is as age of 12, what is diagnosis :
- Fibroadenoma**
 - Fibrocystic disease

22. Rash on the breast, in the areola, using corticosteroid but not improved and no nipple discharge. a)
Antibiotic
b) Surgery
c) **Mammography**
23. Female about 30 years with breast cancer (given CBC, chemistry and reveal low hemoglobin and hematocrit), what is the next step in management?
a) **Staging**
b) Lumpectomy
c) Mastectomy
d) Chemotherapy
24. Lactation mastitis treatment is :
a) Doxycycline
b) Ciprofloxacin
c) Ceftriaxone
d) Gentamicin
e) **Cephalexin or dicloxacillin**
25. what is the treatment of cyclical mastalgia
a) **OCP, analgesic, NSAID, fat reduction and magnesium**
26. Lactating women 10 days after delivery developed fever, malaise, chills, tender left breast with hotness and small nodule in upper outer quadrant with axillary lymph node, Leucocytes count was $14 \times 10^9/L$, diagnosis?
a) Inflammatory breast cancer
b) **Breast abscess**
c) Fibrocystic disease
27. 29 years Old female has a breast lump in the upper outer quadrant of the left breast, firm, 2 cm. in size but no L.N involvement, what is the most likely diagnosis?
a) **Fibroadenoma**
28. What is the management for the above patient?
a) mammogram
b) excisional biopsy
c) **FNA**
d) breast US
e) follow up in 6 months
29. A 45 years old lady presented with nipple discharge that contains blood. What is the most likely diagnosis:
a) **Ductal papilloma**
b) duct ectasia
c) breast abscess

d) fat necrosis of breast

30. Female patient breast feeding present with mastitis in upper outer quadrant, treatment:

- a) stop breast feeding & evacuate the milk by the breast pump
- b) Give antibiotic to the mother & antibiotic to the baby.
- c) **Antibiotics with continue breast feeding**

31. The most common cause of nipple discharge in non lactating women is a)

- Prolactinoma
- b) Hypothyroidism
- c) breast cancer
- d) **Fibrocystic disease with ductalectasia**
- e) Intraductal papilloma

☐ The most common cause of galactorrhea is a tumor in the pituitary gland.

32. Female com with lump in breast which one of the following makes you leave her without appointment?

- a) Cystic lesion with serous fluid that not refill again
- b) Blood on aspiration
- c) Solid
- d) **Fibrocystic change on histological examination**

33. Patient with mastitis the most suitable antibiotic :

- a) Doxycycline
- b) **Dicloxacillin**
- c) cloxacillin
- d) Flucloxacillin
- e) anti-staph

34. What is the best frequency for breast self-examination? a)

- Daily.
- b) Weakly.
- c) **Monthly.**
- d) Annually.

35. The following statements about adjuvant multi-agent cytotoxic chemotherapy for invasive breast cancer are correct EXCEPT:

- a) **Increases the survival of node-positive pre-menopausal women.**
- b) Increases the survival of node-negative pre-menopausal women.
- c) Increases the survival of node-positive post-menopausal women.
- d) Is usually given in cycles every 3 to 4 weeks for a total period of 6 months or less.
- e) Has a greater impact in reducing breast cancer deaths in the first 5 years after treatment than in the second 5 years after treatment.

36. 46-year-old female presents with a painful mass 1 x 2 cm in the upper outer quadrant of the left breast. There are areas of ecchymosis laterally on both breasts. There is skin retraction overlying the left breast mass. What is the most likely diagnosis?
- Fat necrosis**
 - Thrombophlebitis
 - Hematoma
 - Intraductal carcinoma
 - Sclerosing adenosis
37. 50 years old male with rectal bleeding, on examination there is external hemorrhoid, your action: a)
- Excision of the hemorrhoid
 - Rigid sigmoidoscopy then excision of the haemorrhoid
 - Colonoscopy**
38. Patient with diarrhea since 5 weeks, PR: occult blood, stool analysis: positive for blood, colonoscopy: involvement from rectum till mid transverse colon, biopsy & crypt abscess without epithelial ulceration dx?
- Crohn's disease
 - Ulcerative colitis**
39. A 3 weeks old baby boy presented with a scrotal mass that was transparent & non reducible. The diagnosis is:
- Hydrocele**
 - Inguinal hernia
40. 60 years old male patient complaining of dysphagia to solid food. He is smoker and drinking alcohol. ROS: Weight loss. What's the most likely diagnosis?
- Esophageal cancer**
 - GERD
 - Achalasia
41. Patient with scrotal pain & swelling, on examination: tender swelling & tender node in groin, increased intestinal sounds, one episode of vomiting & abdominal pain, management? a) Ask ultrasound
- Refer to surgeon**
 - Refer to urologist
42. 17 years old young male presented with abdominal pain that started periumbilical then became localized in the right iliac fossa. CBC showed high WBC count, The best next step is: a) CT
- US
 - Serial 3 abdominal films
 - Sigmoidoscopy
 - Diagnostic laparoscopy**

43. 26 years old woman had a perforated gallbladder post cholecystectomy. She presented with right upper quadrant pain that was tender, with fever of 38°C, a pulse of 120 & raised right diaphragm on CXR. The most probable diagnosis is:
- a) Acute cholecystitis
 - b) Acute pancreatitis
 - c) Acute appendicitis
 - d) Subphrenic abscess
 - e) Perforated peptic ulcer
44. A 10 years old boy came to the ER with right scrotal pain and swelling, on examination: tender right testis, with decreased flow on Doppler study. Your diagnosis is: a) Hernia
- b) Hematocele
 - c) Testicular torsion
 - d) Orchitis
45. Alcoholic and heavy smoker male patient presented with hematemesis. What's the most likely cause of his presentation?
- a) Esophageal varices
46. Elderly woman has epigastric pain, collapsed at home. In the ER she has mild low back pain and her BP= 90/60. What's the most likely diagnosis:
- a) Mesenteric ischemia
 - b) Leakage/ruptured aortic aneurysm
 - c) Perforated duodenal ulcer
 - d) Gastric ulcer
47. Patient presented with severe epigastric pain radiating to the back. He has past history of repeated epigastric pain. In Social history drinking alcohol. What's the most likely diagnosis? a) MI
- b) Perforated chronic peptic ulcer
48. An elderly male patient came with bleeding per rectum & abnormal bowel habit. O/E liver span was 20 cm. what is the next step?
- a) Colonoscopy
49. A 30 year old man presented with feeling of heaviness in the lower abdomen. On examination he had a small bulge palpable at the top of the scrotum that was reducible & increases with valsalva maneuver. The most likely diagnosis is:
- a) Indirect inguinal hernia
 - b) Direct inguinal hernia
 - c) Femoral hernia
 - d) Hydrocele
 - e) Varicocele
50. The most accurate tool for diagnosis of appendicitis:
- a) US
 - b) Diagnostic laparoscopy

c) CT scan

51. A 60 year old diabetic man presented with dull abdominal pain & progressive jaundice. On examination he had a palpable gallbladder. The most probable diagnosis is:

- a) Chronic cholecystitis
- b) Common bile duct stone
- c) Carcinoma of the head of pancreas
- d) Gallbladder stone
- e) Hydrocele of the gallbladder

52. patient with peptic ulcer using antacid, presented with forceful vomiting that contains food particle: a) Gastric outlet obstruction

53. 48 year old woman presented with right abdominal pain, nausea & vomiting. On examination she had tenderness in the right hypochondrial area. Investigations showed high WBC count, high alkaline phosphatase & high bilirubin level. The most likely diagnosis is:

- a) Acute cholecystitis
- b) Acute appendicitis
- c) Perforated peptic ulcer
- d) Acute pancreatitis

54. Which of the following indicate large uncomplicated pneumothorax:

- a) Symmetrical chest movement.
- b) Increase breath sound
- c) Dull percussion note.
- d) Tracheal deviation
- e) Cracking sound with each heart beat

55. 8 month old baby presented with history of recurrent crying with on & off jelly stool. The diagnosis is: a) Intussusceptions

- b) Intestinal obstruction
- c) Mickle's diverticulum
- d) Strangulated hernia

56. Male singer with colon cancer stage B2: which of the following correct?

- a) No lymph node metastases
- b) One lymph node metastasis
- c) Two lymph node metastasis
- d) Lymph node metastasis + distant metastasis

Stage 0	Tis N0 M0	Tis: Tumor confined to mucosa; cancer- <i>in-situ</i>
Stage I	T1 N0 M0	T1: Tumor invades submucosa
Stage I	T2 N0 M0	T2: Tumor invades muscularispropria
Stage II-A	T3 N0 M0	T3: Tumor invades subserosa or beyond (without other organs involved)

Stage II-B T4 N0 M0	T4: Tumor invades adjacent organs or perforates the visceral peritoneum
Stage III-A T1-2 N1 M0	N1: Metastasis to 1 to 3 regional lymph nodes. T1 or T2.
Stage III-B T3-4 N1 M0	N1: Metastasis to 1 to 3 regional lymph nodes. T3 or T4.
Stage III-C any T, N2 M0	N2: Metastasis to 4 or more regional lymph nodes. Any T.
Stage IV any T, any N, M1	M1: Distant metastases present. Any T, any N.

57. Colon cancer with stage 3 give the chemotherapy:

- a) **As soon as possible**
- b) After psychological prepare
- c) After 1 week

58. colon cancer stage 1 prognosis

- a) **More than 90%**
- b) 70%
- c) 40%

59. Surgery in C3 colon cancer :

- a) **Curative**
- b) Palliative
- c) Diagnostic

60. Patient had colectomy, colonoscopy follow up should be done at a)

- 3 months
- b) **6 months**
- c) 9 months
- d) 12 months

61. Patient do colectomy for colon cancer routine follow up every a)

- 6 months
- b) 3 months
- c) 9 months
- d) **1 years**

62. Patient with strong genetic factor for colon cancer, what is the medication that could decrease the risk of colon cancer?

- a) Zinc
- b) Vitamin E
- c) Vitamin C
- d) **Folic acid**

☐ **Folic acid and vitamin C both are prevent colon cancer, but folat reduce risk in people who genetic predisposing**

63. Which vitamin has a protective effect against colon cancer a)

- vitamin K
- b) vitamin D
- c) Folic acid

d) Vitamin C

64. Elderly male patient underwent colectomy for colon cancer in which micrometastasis was detected in the lymph nodes, what is the best explanation?

- a) Good prognosis.
- b) Liver metastasis.
- c) It is sensitive to chemotherapy. (Dukes class C cancer best for chemotherapy)
- d) It is locally advanced.

65. High risk for developing colon cancer in young male is:

- a) Smoking, high alcohol intake, low fat diet
- b) Smoking, low alcohol intake, high fat diet
- c) Red meat diet, garden's disease (Gardner syndrome)
- d) Inactivity, smoking

66. Right colon cancer, all true except:

- a) profound anemia
- b) occult blood
- c) dyspeptic symptoms
- d) Melena
- e) RLQ mass

67. Male worker fall from 3rd floor to ground , the 1st step :

- a) Maintains airway
- b) give O₂

68. 27 years old patient complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray best effective treatment?

- a) Physiotherapy
- b) NSAID
- c) Surgery

69. Thyroid cancer associated with:

- a) Euthyroid
- b) hyperthyroidism
- c) hypothyroidism
- d) Graves' disease

70. young male patient present to ER due to RTA with poly-trauma, the best way to maintain airway in responsive poly trauma patient is ;

- a) Oropharyngeal airway
- b) Nasopharyngeal airway
- c) Tracheostomy
- d) Endotracheal intubation

71. Facial nerve when it exits the temporomandibular joint and enters parotid gland it passes: a)

- a) Deep to retromandibular vein
- b) Deep to internal carotid artery

- c) Superficial to retromandibular vein and external carotid artery
- d) Deep to ext. carotid artery
- e) Between ext. carotid artery and retromandibular vessels

☐ It is the most lateral structure within parotid gland

72. Old patient with positive occult blood in stool what you will do next :

- a) flexible sigmoidoscopy
- b) Colonoscopy



73. Constipation, he had previous abdominal surgery in the past. This is his AXR:

- a) surgery for obstruction
- b) Rectal decompression
- c) Treatment of ileus

74. 70 years old patient presented with weight loss , fatigue , anemia , upper quadrant pain : a)

- Acute pancreatitis
- b) Chronic pancreatitis
- c) Pancreatic carcinoma

75. Old male patient, smoker, alcoholic, fatigue, debilitated, back abdominal pain (scenario didn't mention to jaundice or lab findings), diagnosis?

- a) Acute pancreatitis
- b) Chronic pancreatitis
- c) pancreatic Carcinoma
- d) insulinoma

76. Patient with episodes of pain started in the mid left abdomen radiate to the back no nausea vomiting or diarrhea not relieved by antacid not related to meal on Ex: non remarkable....dx: a) Chronic pancreatitis

- b) Duodenal ulcer
- c) Gastric ulcer
- d) Mesenteric thrombosis

77. Patient with upper abdominal pain, nausea, vomiting ,with back pain, he is smoker for long time daily, fecal fat was +ve

- a) acute pancreatitis
- b) Chronic pancreatitis
- c) pancreatic CA

78. Patient having epigastric pain radiate to the back increase with lying and decrease when standing, fever tachycardia. It is typical with acute pancreatitis, what is the next diagnostic step? a) abdominal CT

- b) abdominal Xray
- c) ERCP
- d) serum amylase and lipase

79. What is the most common complication(serious) of acute pancreatitis? a)

- Abscess

- b) Pseudocyst
- c) Bowel obstruction

80. 40 years old male drug addicted and alcoholic of 25 years duration admitted with a 12-lb weight loss and upper abdominal pain of three weeks duration. Examination reveals a mass in the epigastrium. His temperature is 99F and white cell count is 14,000. The most likely diagnosis is : a) Pancreatic pseudocyst

- b) Sub-hepatic abscess
- c) Biliary pancreatitis
- d) Hepatic abscess
- e) Splenic vein thrombosis

81. In acute pancreatitis the chief adverse factor is:

- a) Hypercalcaemia (> 12 mg/dl)
- b) Age above 40 years
- c) Hypoxia.
- d) Hyperamylasemia (> 600 units)
- e) Gallstones

82. 60 years old male diagnose to have acute pancreatitis, what is the appropriate nutrition? a) TPN

- b) Regular diet with low sugar
- c) High protein ,high ca , low sugar
- d) Naso-jejunal tube

83. Pancreatitis:

- a) Increase by lying down

84. Patient with right upper quadrant pain, nausea and vomiting, pain radiating to back. on examination Grey-Turner's sign and Cullen's sign Dx :

- a) Acute pancreatitis
- b) Acute cholecystitis

85. 43 year old sustained traumas to the chest present with severe short of breath with cyanosis, his right lung is silent with hyper-resonance. The FIRST step to treat this patient:

- a) O2 mask
- b) endotracheal tube
- c) pneumonectomy
- d) chest tube for drainage "tube thoracostomy"
- e) series x-ray

86. 22 years old with sudden SOB and trachea deviates , the next step is :

- a) Needle decompression in the 2nd intercostal space mid-clavicular line
- b) Needle decompression in the 2nd intercostal space anterior-axillary line
- c) Needle decompression in the 5th intercostal space mid-axillary line
- d) Needle decompression in the 5th intercostal space anterior-axillary line

87. Female patient presented with tender red swelling in the axilla with history of repeated black head and large pore skin in same area: treatment is

- a) Immediate surgery
- b) Topical antibiotic
- c) Cold compressor
- d) Oral antibiotic

88. 57 years old, smoker for 28 years presented with bleeding per rectum & positive guaiac test, also he has IDA:

- a) Colon CA
- b) IDA

89. Patient with testicular mass non tender and growing on daily basis. On examination epididymis was normal, what you will do?

- a) Refer pt to do open biopsy or percutaneous biopsy
- b) Refer him to do US and surgical opening

90. Mass in the upper back with punctum and releasing white frothy material

- a) It's likely to be infected and antibiotic must be given before anything
- b) Steroid will decrease its size
- c) It can be treated with cryotherapy
- d) It must be removed as a whole to keep the dermis intact

91. Female patient with RTA, she has bilateral femur fracture "like this scenario", systolic blood pressure 70 what will you do?

- a) **IV fluid**
- b) blood transfusion

92. 15 years old boy with dark urine, dark brown stool, positive occult test, what to do? a)

Isotope scan

- b) Abdomen ultrasound
- c) X-Ray
- d) barium

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93. Child swallowing battery in the esophagus management:

- a) bronchoscope
- b) Insert Foley catheter
- c) Observation 12hrs
- d) **Remove by endoscope**

94. Best diagnostic tool in acute diverticulitis :

- a) **CT**
- b) Barium enema
- c) colonoscopy
- d) sigmoidoscopy

95. 50 years old male complained of right iliac fossa dull aching pain. Exam showed that he had right iliac fossa mass with positive cough impulse. The examining doctor found a bluish tinge on the mass surface & the percussion tab was positive. The most likely diagnosis is :

- a) **Right inguinal hernia**
- b) Right femoral hernia
- c) Right vaginal Hydrocele
- d) Cyst of morgagni
- e) Saphenavarix

96. Old man with generalized abdominal pain T:38.2, absent bowel sound , X-ray: dilated small bowel and part of the transverse colon , no fluid level

- a) **Pancreatitis**
- b) perforated peptic ulcer
- c) Bacterial colitis
- d) intestinal obstruction

97. 24 year old patient with asymptomatic congenital inguinal hernia:

- a) Immediate surgery
- b) Surgery indicated when he is >35 y
- c) **Elective surgery if it is reducible**

98. Gun shot in the hand in the triceps, wound sutured, later on there was swelling and pain, wound opened to find discharge, gram stain showed gram positive in chains

- a) Streptococcus pneumonia gangrene
- b) Staph gangrene

- c) Group A beta hemolytic streptococcus gangrene
- d) Clostridia gangrene
- e) Synergetic gangrene

99. Old male with abdominal pain, nausea, WBC 7. What is true about appendicitis in elderly?

- a) CT not useful for diagnosis
- b) WBC is often normal
- c) Rupture is common
- d) If there is no fever the diagnosis of appendicitis is unlikely
- e) Anemia is common

100. 17 years old adolescent, athletic ,with history of Right foot pain planter surface, diagnosis is: a)

Planter fasciitis

☐ Planter fasciitis (heel spur syndrome)

101. case scenario (patient present planter fasciitis) Treatment:

- a) Corticosteroid injection
- b) Silicon

102. Appendicitis most diagnostic:

- a) Fever
- b) Diarrhea
- c) Urinary symptoms
- d) Leukocytosis
- e) Tender right lower quadrant with rebound

103. The following is true in suspected acute appendicitis in a 70 years old person:

- a) Perforation is less likely than usual (perforation is more common in elderly)
- b) Rigidity is more marked than usual
- c) Abdominal X-ray is not useful
- d) Outlook is relatively good (the prognosis is very bad in elderly)
- e) Intestinal obstruction may be mimicked

104. all of the following suggest acute appendicitis except:-

- a) fever 38.1
- b) anorexia
- c) vomiting
- d) umbilical pain shifting to right LQ
- e) Pain improved with sitting & leaning forward

105. 17 years old boy presents with pain over the umbilicus 10 hours prior to admission. During transport to the hospital the pain was mainly in the hypogastrium and right iliac fossa. He has tenderness on deep palpation in the right iliac fossa. The most likely diagnosis is:

- a) Mesenteric adenitis.
- b) Acute appendicitis

- c) Torsion of the testis
- d) Cystitis
- e) Ureteric colic.

106. The most sensitive test for defining the presence of an inflammatory focus in appendicitis is: a)

- The white blood count.
- b) The patient's temperature.
- c) **The white blood cell differential.**
- d) The sedimentation rate.
- e) The eosinophil count.

107. In the appendicitis the histology is:

- a) **leukocyte in muscle**
- b) layer lymphoid
- c) tumor
- d) plasma cell

- **Gross images shows:** exudate and hyperemia; opened with fecalith.
- **Micro:** mucosal ulceration; minimal (if early) to dense neutrophils in muscularispropria with necrosis, congestion, perivascular neutrophilic infiltrate. Late - absent mucosa, necrotic wall, prominent fibrosis, granulation tissue, marked chronic inflammatory infiltrate in wall, thrombosed vessels.

108. Useful finding in acute appendicitis:

- a) Age
- b) **WBC more than 14.000**

109. Which of the following medication can be used as prophylaxis in appendectomy?

- a) Cephalexin "1st generation cephalosporin"
- b) Ceftriaxone "3rd generation cephalosporin"
- c) **Metronidazole**
- d) Vancomycin
- e) Ampicillin

☐ **Prophylaxis in appendectomy:**

- 1) Cefoxitin "2nd generation cephalosporin"
- 2) Cefotetan "2nd generation cephalosporin"
- 3) Unasyn "ampicillin & sulbactam"
- 4) Ciprofloxacin & metronidazole

110. The peak incidence of acute appendicitis is between:

- a) One and two years.
- b) Two and five years.
- c) Six and 11 years.
- d) **12 and 18 years.**
- e) 19 and 25 years.

111. Acute appendicitis:

- a) Occurs equally among men and women.
- b) With perforation will show fecoliths in 10% of cases
- c) Without perforation will show fecoliths in fewer than 2% of cases
- d) Has decreased in frequency during the past 20 years.
- e) Presents with vomiting in 25% of cases.

☐ In the last few years, the incidence and mortality rate of this illness has markedly decreased.

112. The mortality rate from acute appendicitis in the general population is: a)

- 4 per 100
- b) 4 per 1000
- c) 4 per 10000
- d) 4 per 100000
- e) 4 per 1000000

113. Complication of appendicitis

- a) Small bowel obstruction
- b) Ileus paralytic

114. Patient with retro-sternal chest pain , barium swallow show corkscrew appearance a)

- Achalasia
- b) GERD
- c) Diffuse esophageal spasm

115. Right upper quadrant pain and tenderness , fever, high WBC , jaundice, normal hepatic marker a)

- Acute cholecystitis
- b) Pancreatitis
- c) Acute hepatitis

☐ The patient presented with charcot triad, RUQ pain, jaundice and fever, which is suggestive of cholangitis.

116. Case of acute cholecystitis, what will do next?

- a) Ultrasound

117. Which drug is contraindicated in Acute cholecystitis :

- a) Naproxen
- b) Acetaminophen
- c) Morphine

118. Patients presenting with acute cholecystitis are best treated by cholecystectomy at which time interval after admission?

- a) 4 hours
- b) 48 hours
- c) 8 days
- d) 10 days

e) 14 days

119. Which one of the following is true of Acalculouscholecystitis?

- a) It is usually associated with stones in the common bile duct.
- b) It occurs in less than 1% of cases of cholecystitis
- c) It has a more favorable prognosis than calculouscholecystitis.
- d) It occurs after trauma or operation
- e) HIDA scan shows filling gallbladder

120. Young adult presented with painless penile ulcer rolled edges, what next to do : a)

CBC

- b) Dark field microscopy
- c) culturing

121. Female presented with diarrhea for 6 months, she lost some weight, she reported that mostly was bloody , when you preformed sigmoidoscopy you found fragile mucosa with bleeding ,Dx a) colon cancer

- b) Chron's
- c) Ulcerative colitis
- d) Gastroenteritis

122. Patient has long history of constipation. He presented with pain during and after defecation relieved after 30 minutes. It's also associated with bleeding after defecation. O/E: he has painful PR. Most likely diagnosis:

- a) External thrombosed piles
- b) Anal fissure
- c) Fistula in ano

123. About hemorrhoid:

- a) Internal hemorrhoid is painless unless associated with prolapse
- b) More in people more than 50 years & pregnant ladies

124. Hemorrhoid usually occurs in:

- a) Pregnancy and portal HTN

125. About patient with internal hemorrhoid never get prolapsed never felt pain and never get thrombosed what is your management?

- a) Increase fiber diet
- b) Give laxative
- c) Do hemorrhoidectomy

126. hemorrhoid what true

- a) pregnancy, palpable meanly internal

127. 56 years old complaining of PR bleeding O/E external hemorrhoid " management: a)

Excision

- b) Send the patient to home & follow up

- c) Observation for 6 months
- d) **Rigid sigmoidoscopy if normal excise it**

☐ The ideal investigation to be done in this situation is colonoscopy but of these choices sigmoidoscopy is the most appropriate.

128. 42 years old male come to you complaining of discomfort in anal area, constriction of anal sphincter, spots of fresh bright red blood after defecation , blood staining on toilet paper after using it you will suspect :

- a) Hemorrhoids
- b) **anal fissure**

129. Fourth degree hemorrhoids, Management is:

- a) **Hemorrhoidectomy (IV)**
- b) band ligation (III)
- c) sclerotherapy (II)
- d) Fiber diet (I)

130. Old female with hemorrhoids for 10 years, no complication, your action? a)
observe

- b) surgery
- c) **increase fiber diet**

131. Painful pile

- a) **Excision drainage**
- b) Sitz bath and steroid supp
- c) antibiotic
- d) Fiber food and analgesics

132. The most common cause on chronic interrupted rectal bleeding is: a)

- Diverticulosis
- b) **Hemorrhoids**

133. 55 years old presented with bleeding. On examination found to have external hemorrhoids. One is true:

- a) Advice for removal of these hemorrhoids.
- b) **Do rigid sigmoidoscopy**
- c) Ask him to go home & visit after 6 months.
- d) Do barium enema.

134. Which of the following is true concerning hemorrhoids? They are:

- a) Usually due to cirrhosis.
- b) Attributed to branches of superior hemorrhoidal artery
- c) Due to high bulk diet.
- d) **A source of pain and purities.**
- e) Usually associated with anemia.

135. Patient with acute perianal pain since 2 days with black mass 2*3 pain increase with defecation Rx:
a) Evacuation under local anesthesia
136. Patient with perianal pain, examination showed tender ,erythematous, fluctuant area ,treatment is
a) Incision and drainage
b) Antibiotic + sitz bath
137. 1 liter fluid deficit equals
a) 1 kg
138. 17 years with SCA and stone in CBD, ERCP done and US shows 9 stones in GB largest one 2 cm : a) Cholecystectomy
139. Patient presented with pulsated abdominal mass the first do?
a) US
b) MRI
140. picture of neck swelling, moving with deglutition
a) Colloid goiter
b) Thyroglossalcyst
- ☐ However both move with deglutition but in picture its more likely goiter
141. Facial suture, when should it be removed:
a) U should use absorbable suture
b) 3 to 5 Days
c) 2 weeks
- ☐ The ideal is between 4-7 days.
142. Diffuse abdominal pain “in wave like” and vomiting. The diagnosis is:
a) Pancreatitis
b) Appendicitis
c) Bowel obstruction
d) Cholelithiasis
143. Patient has acute respiratory distress syndrome presented with tension pneumothorax the most likely cause
a) Central line catheter
b) Lung damage
c) Much O2
144. Young male healthy, come for routine examination he is normal except enlarge thyroid gland without any symptoms, what is the next step?
a) CT

- b) MRI
- c) **US**
- d) Iodine study

145. Cost effective to decrease incidence of getting DVT post op ;

- a) **LM heparin**
- b) Unfractionated heparin
- c) Warfarin
- d) ASA

146. Child came with liver failure; he is not complaining of anything except of yellow discoloration of skin and now become greenish, This due to:

- a) **Bilirubin oxidation**

147. old patient complaining of fever, abdominal pain and no bowel movement for 3-5 days, now he came with gush of stool and PR reveals stool mixed with blood....next thing u will do a) **Colonoscopy**

148. anal fissure more than 10 days, which is true

- a) Loss bowel motion
- b) **Conservative management**
- c) Site of it at 12 o'clock

149. 45 year old female come to the ER complaining of right hypochondrial pain which increases with respiration , on Ex there is tenderness over the right hypochondrium, Next investigation is a) X-ray

- b) **US of upper abdomen**
- c) CT

150. Paraplegia patient with ulcer in lower back 2+2 cm and lose of dermis and epidermis these ulcer in stage

- a) I
- b) **II**
- c) III
- d) IV

☐ **Explanation:**

- **Stage I:** non-blanchable redness that NOT subside after relive of the pressure
- **Stage II:** damage to epidermis & dermis but NOT deeper
- **Stage III:** subcutaneous tissue involvement
- **Stage IV:** deeper than subcutaneous tissue as muscles & bones

151. Patient with long history of UC on endoscopes see polyp and cancer lesion on left colon so ttt a) treatment of anemia

- b) **Left hemicolectomy**
- c) total colectomy
- d) remove polyp

152. Patient diagnosed with obstructive jaundice best to diagnose common bile duct obstruction: a) **ERCP**

b) US

153. a man with oblong swelling on top of scrotum increase in size with valsalva maneuver most likely Dx: a)
direct inguinal hernia

b) Indirect inguinal hernia

c) varicocele

d) femoral hernia

154. patient old male with RLQ fullness with weight loss not constant bowel habit anemic pale lx:

a) Colonoscopy

155. Female patient is complaining of abdominal distension, fever and nausea abdominal x-ray showed "Ladder sign" management is:

a) Colostomy

b) Ileus treatment

c) Rectal de-obstruction

d) exploratory laparoscopy

156. Patient came with neck swelling; moves when patient protrude his tongue. Diagnosis is: a)

Goiter

b) Thyroglossal Cyst

c) Cystic Hygroma

157. Patient complain of right iliac fossa mass so diagnosis:

a) Diverticulitis

b) Appendicitis

c) Chron's disease

158. patient with heart disease complain of lower limb ischemia your advice a)

Referred to cardiology

b) Vascular surgery

c) Start heparin

159. Old patient with of IHD complain for 2 month of redness in lower leg and plus diminished in dorsalis pedis these redness increase in dependent position and limp is cold and no swelling ,diagnosis is a)

Arterial insufficiency

b) Thrombophlebitis

c) cellulites

160. Patient has history of adult respiratory distress syndrome develop pneumothorax what is the cause? a)

Positive ventilation pressure

b) O2

161. Surgical wound secrete a lot of discharge and u can see the internal organ through the wound a)

Wound dehiscence

b) Clostridium infection

162. 17 year complaining of right iliac fossa pain rebound tenderness +ve guarding what is the Ix that u will do?

- a) Laparoscopy
- b) ultrasound
- c) CT scan

163. Patient has car accident which of the following trauma will happen to him? a)

- Tamponade of the heart
- b) flail chest
- c) pneumothorax
- d) all of the above

164. Patient came with trauma of the chest; on inspection you found one segment withdrawn inside in inspiration and go outside during expiration, what you suspect? a) Flail chest

☐ Treatment: O2, narcotic analgesia. Respiratory support, including intubation and mechanical ventilation

165. Patient with right upper quadrant pain, fever, sweating, on examination tender Hepatomegaly, the investigation shows positive amoeba: what is your diagnosis?

- a) Pyogenic liver abscess
- b) Amebic liver abscess

166. Young patient feel lump in throat

- a) esophageal cancer IF SEEN
- b) Esophageal diverticulum → if there is bad smell

167. Barrett's esophagus best management to do

- a) Serial endoscopies with biopsies

168. a photo for an ulcer above the medial malleolus asking for which one of this can help in management a) ships biopsy

- b) Compression and elevate the leg (venous ulcer)
- c) Topical steroids

169. Multiple ulcers on the medial aspect of the leg with redness and tenderness around it are most likely: a) Venous ulcers.

- b) Ischemic ulcers.
- c) Carcinoma.

170. Patient with 10 years history of GERD that didn't relieved with antacid, EGD done & showed Barrett's esophagus & biopsy showed low grade dysplasia, management:

- a) Repeated EGD & biopsy
- b) Esophageal resection.
- c) fundoplication

171. Patient was taking anti acid medications becomes more worsening pain especially when he getting lying down, what is your diagnosis?

- a) GERD

172. Diabetic, smoker comes with cold foot

- a) Leg Ischemia

173. about Crohn's disease are true :

- a) Inflammation Involve superficial layer of intestine
- b) Involve sigmoid and rectum if ("skip lesions").
- c) Decrease incidence of colon cancer
- d) The rectum is often spared
- e) Transmural inflammation is seen

174. Crohn's disease , one of the following true:

- a) It is affect superficial layer only
- b) Affect rectosigmoid colon
- c) Cause fistula
- d) less cancer chance

175. 30 years old man with long history of Crohn's disease. Indication of surgery is: a)
internal fistula

- b) external fistula
- c) Intestinal obstruction
- d) Megacolon syndrome.

176. Most common cause of surgical intervention in inflammatory bowel disease a)
Crohn's disease

- b) Bleeding
- c) Fistula
- d) Intestinal obstruction

177. How to manage mechanical intestinal obstruction?

- a) Enema
- b) IV stimulant
- c) laxative
- d) Emergency surgery
- e) NGT decompression

178. Case scenario, patient present with intestinal obstruction, Investigation to be done: a)

X-ray supine & erect position.

b) c-scan

179. Patient was presented by constipation, vomiting, abdominal distension, with old scar in the lower abdomen; X ray showed dilated loops with air in the rectum, what is the best initial management?

a) **NGT decompression and IV line.**

b) Rectal decompression and antibiotics.

c) Suppositories.

180. intestinal obstruction, all true except:

a) **Increase temperature and pulse with localize rigidity and tenderness**

181. patient presented with abdominal pain & constipation, history of intestinal surgery for volvulus, investigation of choice:

a) Enema.

b) Barium meal.

c) **Intestinal follow-through.**

182. when the wound clean

a) **Scar formation**

183. The wound will heal when:

a) become sterile

b) **Formation of epithelium**

184. After inflammatory phase of wound, there will be wound healing by: a)

If the wound is clean

b) Angiogenesis

c) **Epithelial tissue**

d) Scar formation

185. A wound stays in its primary inflammation until

a) Escher formation

b) Epithelialization

c) after 24 hours

d) **Wound cleaning**

186. Regarding drainage of the abscess one of the following is true:

a) **carbuncle and furuncle need drainage**

b) usually give ceftriaxone and penicillin post drainage

- **Furuncle** is a staphylococcal infection of a hair follicle or sebaceous gland with perifolliculitis, which usually proceeds to suppuration and central necrosis, treatment → subsides without suppuration
- **Furunculosis:** Multiple recurrent boils may occur in hairy areas, treatment → antibiotic

- **Carbuncle** is an infective gangrene of the subcutaneous tissues caused by *Staphylococcus aureus*. It is especially common with diabetes, nephritis and malnutrition

187. patient sustained abdominal trauma and was suspect intra-peritoneal bleeding, the most important diagnostic test :

- CT scan "if the patient stable"**
- Diagnostic peritoneal lavage DPL

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188. Peritoneal lavage in trauma patient :

- 100000 RBCs.**
- 2 ml gross blood.
- 2 ml in pregnant lady.
- DPL is useful for patients who are in shock and when FAST capability is not available

189. Patient came to ER with closed head injury and loss of consciousness , first step to do : a)

Asses his GCS

- Asses airway**

190. In abdominal trauma, all true except:

- Spleen is the common damaged organ
- Badly injured spleen need splenectomy
- Abdominal lavage (DPL) often exclude abdominal hemorrhage**
- Abdominal examination often accurate to localize the site of trauma

191. What is necessary condition to do abdominal lavage in RTA?

- comatose patient with hypotension**
- conscious patient with severe abdominal pain
- patient with pelvic fracture

192. Most commonly affected organ in blunt abdominal trauma is: a)

Liver

- Spleen**
- Kidney
- Intestine

193. Central venous line for TPN, dr. order to give 2 units of packed RBCs and the nurse give it through CVL, after 2 hours patient become unconscious and comatose. What is the most common cause: a) Late complication of blood transfusion.

- Electrolytes imbalance.**
- Hyponatremia.
- Septic shock
- Wrong cross match

194. 2 month infant with vomiting after each meal, he is in 50 centile ,He passed meconium early and stool , diagnosis is:

- a) Midgut volvulus
- b) Meconium ileus
- c) Hirschsprung disease

195. Newborn baby with umbilical hernia what you will say to his family?

- a) Reassurance that commonly will resolved in year of life
- b) Surgical management is needed urgently
- c) Surgical management is needed before school age
- d) Give appointment after 1 month

196. Indirect inguinal hernia in relation to cord (lateral to inferior epigastric vein) a)

- Antero lateral (superior lateral)
- b) Posterior superior
- c) Lateral superior
- d) Lateral inferior

197. Thyroid nodule , best investigation :

- a) Fine needle biopsy
- b) Ultrasound
- c) Uptake

198. Pathological result from thyroid tissue showed papillary carcinoma, the next step: a)

- Surgical removal
- b) Apply radioactive I131
- c) Give antithyroid drug
- d) Follow up the patient

199. Which of the following suggest that thyroid nodule is benign rather than malignant?

- a) History of childhood head and neck radiation
- b) Hard consistency
- c) Lymphadenopathy
- d) Presence of multiple nodules

200. Old patient with cramp abdominal pain, nausea, vomiting and constipation but no tenderness Dx a)

- Diverticulitis
- b) Colon cancer
- c) Obstruction

201. A 48 years old man complaining of right lower quadrant pain, bleeding per rectum, nausea & vomiting.

What is the best pre-operative investigation?

- a) Air contrast enema
- b) Fecal occult blood
- c) CBC
- d) Colonoscopy

202. Hypernatremia



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- a) slowly correction to prevent cerebral edema

203. 6 months baby with undescending testis which is true:

- a) Tell the mother that he need surgery
b) in most of the cases spontaneous descent after 1 year
c) surgery indicated when he is 4 years
d) unlikely to become malignant

204. Undescended testes

- a) surgery 6-18m

205. Initial management for Frostbite patient:

- a) Debridement
b) beta blocker
c) corticosteroid
d) Immersion in 40 C.

206. The causative organism of pseudomembranous colitis is:

- a) Clostridium difficile

207. What is the diagnosis?

- a) Viral Warts

208. Common site of anal fissure is :

- a) Anterior
b) Posterior
c) Lateral

209. Patient is complaining of 10 days anal fissure:

- a) Conservative management
b) So deep reaching the sphincter
c) At site of 12:00
d) Associated with loose bowel motion

210. 40 years female with BMI >28, what is your management?

- a) Reduce calorie intake to 800 /day
b) In general reduce calorie intake

211. 50 years old patient come with history of weight loss, palpitation, cold preference and firm neck swelling, the diagnosis is:

- a) Simple goiter.
b) Diffuse toxic goiter (gravis disease).
c) Toxic nodular goiter.
d) Parathyroid adenoma.

- e) Thyroiditis.

212. true about gastric lavage:

- a) Safer than induce vomiting in semi-conscious pt
- b) Patient should be in lateral position when you want to do it
- c) Useless if ASA was ingested >8 hrs
- d) indicated with paraffin oil

213. 58 years old very heavy alcoholic and smoker. You find 3 cm firm mass at Right Mid cervical lymph node, Most appropriate next step is :

- a) CT of brain.
- b) CT of trachea.
- c) Fine needle aspiration biopsy.
- d) Excisional biopsy.
- e) Indirect laryngoscopy.

214. A patient with penetrating abdominal stab wound. Vitals are: HR 98, BP 140/80 and RR 18. A part of omentum was protruding through the wound. What is the most appropriate next step? a) FAST Ultrasound

- b) DPL (Diagnostic peritoneal lavage)
- c) Explore the wound
- d) Arrange for a CT Scan
- e) Exploratory laparotomy

215. 20 years old male presented with stabbed wound in the abdomen. The most appropriate statement: a) Should be explored

- b) Observation as long as vital signs are stable
- c) Exploration depends on peritoneal lavage findings.
- d) Exploration depends on ultrasound findings.
- e) Exploration depends on whether there is peritoneal penetration or not.

216. Patient has HTN come with pulsatile abdomen swelling:

- a) **Aortic aneurysm**
- b) renal cause

217. Regarding hepatocellular carcinoma (Hepatoma) Which is true:

- a) More common in females
- b) The most common cancer in Africa and Asia
- c) **Increase risk in chronic liver disease**

218. A case scenario about a patient who had appendectomy, after that he has abdominal pain and constipation and absent bowel sound, the most likely cause is: a) **Ilusparaticus**

219. Gastrectomy post-op 1 day. He has temperature 38.8 & pulse 112. What is the most common cause? a) Wound infection

- b) **Inflammatory mediator in the circulation**
- c) UTI
- d) normal

220. Old female with pubic itching with bloody discharge, then she developed pea shaped swelling in her labia, most likely:

- a) Bartholin cyst
- b) Bartholin gland carcinoma
- c) **Bartholin abscess**

221. Healthy female came to your office complain of lesion in her vagina that stared since just 24 h . O/E there is cystic mass lesion non tender measure 3 cm on her labia , what is the most likely diagnosis? a)

- Bartholin cyst**
- b) Vaginal adenosis
- c) schic cyst
- d) hygroma

- **Bartholin's duct cyst:** The most common large cyst of vulva – Caused by inflammatory reaction with scaring and occlusion or by trauma – Asymptomatic, abscess – Marsupialization, excision
- **Sebaceous cyst:** The most common small cyst of vulva – Resulting from inflammatory blockage of sebaceous duct – Excision, heat, incision and drainage

222. Woman complains of non-fluctuated tender cyst for the vulva. Came pain in coitus & walking, diagnosed Bartholin cyst what is the treatment?

- a) **Incision & drainage**
- b) Refer to the surgery to excision
- c) reassurance the pt
- d) give AB

223. all of the following are signs & symptom of IBD except:-

- a) bleeding per rectum
- b) **feeling of incomplete defecation**
- c) Mucus comes with stool
- d) Weight Loss

e) Abdominal distention

224. Patient known case of DM presented to u with diabetic foot (infection) the antibiotic combination is:
a) **ciprofloxacin & metronedazole**
225. 27 years old female C/O abdominal pain initially periumbilical then moved to Rt. Lower quadrant ... she was C/O anorexia, nausea and vomiting as well, on examination: temp.38c, cough, tenderness in right lower quadrant but no rebound tenderness. Investigations: slight elevation of WBC's otherwise insignificant... The best way of management is:
a) go to home and come after 24 hours
b) **admission and observation**
c) further lab investigations
d) start wide spectrum antibiotic
e) Paracetamol
226. 2 weeks post- anterior posterior repair, a female complain of urine passing PV with micturation. What is the Diagnosis?
a) **Urethrovaginal fistula**
b) uretrovaginal fistula
c) vesicovaginal fistula
d) sphincter atony
e) Cystitis.
227. Case scenario patient present with 3 days history of bleeding per rectum , present of pain after defecation , by examination (mass at 3 o'clock) : Treatment:
a) **Put a sitz bath 5 times a day.**
b) NSAID ointment locally.
c) Ligate the mass then remove it.
228. 25 years old man has a right inguinal herniorrhaphy and on the second day post-operative he develops excruciating pain over the wound and a thin, foul-smelling discharge. His temperature is 39°C and his pulse rate is 130/min. A gram stain of the exudate shows numerous gram positive rods with terminal spores. The most important step in management of this patient is:
a) Massive intravenous doses of penicillin G
b) Administration of clostridia antitoxin
c) Wide surgical debridement
d) Massive doses of chloramphenicol
e) **Wide surgical debridement and massive doses of penicillin G**
229. Complication of laparoscopic cholecystectomy all except: a)
Bile leak
b) Persistent pneumoperitonium
c) Shoulder tip pain
d) **Ascites**
e) Supraumbilical Incisional hernia
230. A 55 yr old man presenting with history of streaks of blood in stool and dull pain on defecation that persists for half an hour after defecation, on examination there was a 3x2 cm thrombosed mass at 3 o'clock. What is the management?

- a) Sitz bath 5 times/ day.
- b) **Application of local anesthetic and incision.**
- c) Application of antibiotic
- d) Band ligation and wait for it to fall
- e) Application of local anesthetic ointment

231. RTA with hip dislocation and shock so causes of shock is

- a) **Blood lose**
- b) Neurogenic

232. Case scenario patient present with acute symptoms of bloody diarrhea, Diagnosis, acute ulcerative colitis, the initial treatment for this patient :

- a) **corticosteroid therapy**
- b) methotrexate
- c) Aminosalicyclic acid "Not 5-ASA"
- d) sulfasalazine "5-ASA"

233. The most common sign for the aortic aneurysm is the

- a) Erythema nodosum
- Before rupture, an AAA may present as a large, pulsatile mass above the umbilicus. A bruit may be heard from the turbulent flow in a severe atherosclerotic aneurysm or if thrombosis occurs. Unfortunately, however, rupture is usually the first hint of AAA.
- Once an aneurysm has ruptured, it presents with a classic pain, hypotension and mass triad.

234. 15years old with pilonidal sinus so treatment

- a) **Incision surgery**
- b) local antibiotic
- c) daily clean

235. Causes of Dysphagia of food more than liquid are :

- a) **Carcinoma**
- b) stricture
- c) Plummer vision syndrome = web (iron deficiency anemia + golssitis)

236. About head and neck injury

- a) Hoarseness of voice and Stridor can occur with mid facial injury
- b) Tracheotomies contraindicated
- c) **Facial injury may cause upper air way injures**

237. What is the percentage of The Benign tumors of the Stomach? a)

- 7%**
- b) 20%
- c) 77%
- d) 90%

238. The most common cause of non-traumatic subarachnoid hemorrhage: a)

- Rupture aneurysm**
- b) Vessels abnormality

c) Hypertension

239. 21 years old is involved in a head-on collision as the driver of a motor vehicle. He is noted to be severely tachypneic and hypotensive. His trachea is deviated to the left, with palpable subcutaneous emphysema and poor air entry in the right hemithorax. The most appropriate first treatment procedure should be: a) Arterial puncture to measure blood gases.

b) Stat chest x-ray.

c) Intubation and ventilation.

d) Needle thoracocentesis or tube thoracotomy prior to any investigations.

e) Immediate tracheostomy.

240. Patient presented with leg swelling, what is the best method to diagnose DVT? a)

venography

b) Duplex US

241. origin of pancreatic carcinoma:

a) Ductal epithelium

242. the most lethal injury to the chest is

a) pneumothorax

b) Rupture aorta

c) flail chest

d) cardiac contusion

243. lethal injury to the chest after motor accident:

a) puncture lung

b) spontaneous pneumothorax

c) rupture aorta

d) flail chest

e) All of the above

244. in acute abdomen the type of respiration is:

a) Rapid and shallow

b) rapid and deep

c) slow and shallow

d) Slow and deep

245. 2 tests are most specific in screening of hepatocellular cancer

a) ct and liver function test

b) Ultrasound and alpha Fetoprotein

c) liver biopsy and Alfa Fetoprotein

d) U/S and liver biopsy

246. The most common site for visceral hemangioma is a)

Liver

247. 25 year old woman with weight loss, heat intolerance, irritable

a) Hyperthyroidism

- 248. In which group you will do lower endoscopy for patients with iron deficiency anemia in with no benign cause:**
- a) male all age group
 - b) children
 - c) Premenopausal women
 - d) women + OCP
- 249. Fracture of rib can cause all except:**
- a) pneumothorax
 - b) Hemothorax
 - c) Esophageal injury
 - d) Liver injury
- 250. Free fluid accumulate in abdominal cavity cause:**
- a) Hypovolemic shock
 - b) Cardiogenic shock
 - c) Sepsis
 - d) Emesis
- 251. Conscious poly trauma patient, what is the action?**
- a) ABC
- 252. Mallory Weiss syndrome :**
- a) Mostly need surgery
 - b) Mostly the bleeding stops spontaneously
 - c) Associated with high mortality
- 253. What is true about Mallory Weiss tear?**
- a) It needs medical intervention
 - b) needs endoscopy
 - c) Resolved spontaneously
- 254. Old male bedridden with ulcer in his buttock 2 *3 cm ; involve muscle Which is stage : pressure ulcer a)**
- 1
 - b) 2
 - c) 3
 - d) 4
- 255. long case patient with RTA with Blount trauma to abdomen .patient undergo remove of distal small intestine and proximal colon, patient come after 6 month with chronic diarrhea , SOB , sign of anemia , CBC show megaloblastic anemia, What the cause of anemia :**
- a) folic acid deficiency
 - b) Vitamin B12 deficiency
 - c) Alcohol
- 256. Victim of RTA came with multiple injuries to abdomen, chest and limbs. BP is 80/ 50. upper limb has upper third near amputation that bleeds profusely , what is your first thing to do : a) call orthopedic**

- b) tourniquet the limb to stop the bleeding
- c) **check the airway and breathing**
- d) give IV fluid

257. Patient hit on his chest; after 2 hours come with BP 100 /70, pulse 120, RR 40, chest x-ray show white lung field in the LT hemithorax, what is your action?

- a) Thoracoectomy.

258. Post laparoscopic cholecystectomy patient presented with progressive Jaundice. The most appropriate investigation is:

- a) **ERCP**
- b) IV cholangiogram

259. Patient with infective cyst incision & drainage was done, dressing twice daily with gauze & saline. On the 3rd day post I& D the patient developed nausea, confusion, hypotension & exfoliate rash on hands & dark brown urine. The most appropriate diagnosis is:

- a) Necrotizing fasciitis
- b) Drug reaction
- c) **Toxic shock syndrome**
- d) Clostridium difficile

260. On the 6th day post-operative closure of colostomy, a 52-year old man had a swinging fever and complained of diarrhea. The MOST likely diagnosis

- a) **Pelvic abscess**

261. Which of following mostly occur in a patient with intracranial abscess? a)

- Cough
- b) **Vomiting**
- c) Ear discharge
- d) Frontal sinusitis

262. 25 years old female has had a sore left great toe for the past 4 weeks. On examination, the lateral aspect of the left toe is erythematous and puffy, with pus oozing from the corner between the nail and the skin tissue surrounding the nail. This is the first occurrence of this condition in this patient. At this time, what should you do?

- a) Nothing and reassurance.
- b) Have the patient soak her toe in saline three times daily.
- c) **Have the patient apply a local antibiotic cream and prescribe systemic antibiotics to be taken for 7-10 days.**
- d) Under local anesthesia, remove the whole toenail.
- e) Debride the wound.

263. 28 years old male comes to your office with rectal bleeding and local burning and searing pain in the rectal area. The patient describes a small amount of bright red blood on the toilet paper. The pain is maximal at defecation and following defecation. The burning and searing pain that occurs at defecation is replaced by a spasmodic pain after defecation that lasts approximately 30 minutes. What is the MOST likely diagnosis in this patient?

- a) Adenocarcinoma of the rectum.
- b) Squamous cell carcinoma of the rectum.

- c) Internal hemorrhoids.
- d) **Anal fissure.**
- e) An external thrombosed hemorrhoid.

264. 40 years old female presented to the clinic with central neck swelling which is moving with swallowing. The mass is hard and the patient gave history of dysphagia. You should:

- a) **Request thyroid function tests and follow-up in 2 months.**
- b) Refer the patient to Gastroenterology for the diagnosis of dysphagia.
- c) Admit the patient as a possible cancer thyroid and manage accordingly.
- d) Give the patient thyroxin and send her home.
- e) If the patient is euthyroid, ask her to come in 6 months.

265. anorectal abscess, all true except:

- a) first line of Rx is ABC
- b) physical sign can be hidden if it is in supra levator space
- c) **usually originates from intra-sphinctric space**
- d) usually originates from anal gland infection

☐ Anorectal abscess and fistulas (fistula-in-ano) represent different phases of a disease process that usually, in greater than 95% of cases, **begins in the anal crypts and glands**

266. Indicate strangulation

- a) serum amylase could be elevated
- b) **always require surgery**
- c) if high obstruction the distension will be absent

267. Smoker coming with painless mass of lateral side of tongue, what is the diagnosis? a)
leukoplakia

- b) **Squamous cell carcinoma**

268. Ischemic leg:

- a) Golden periods 4-16 hrs
- b) Nerves are first structure to be damage
- c) Angiogram is done in all patient
- d) Parasthesia patient are more critical than those with pain

269. Acute cholangitis, all true except:

- a) E-coli is most common organism
- b) Septic shock is most likely complication
- c) Jaundice is uncommon
- d) ERCP and papillotomy is best Rx

270. The best method for temporary control of bleeding is:

- a) arterial tourniquet
- b) venous tourniquet
- c) Direct finger pressure
- d) adrenaline

271. Indication of tracheotomy, all true except:

- a) foreign body in larynx
- b) Left recurrent nerve cut
- c) CA larynx
- d) In some procedure which involve in radiation exposure
- e) None of the above

272. the most effective monitoring method in pt with acute bleeding is: a)

- HB
- b) HCT
- c) Vital sign
- d) Amount of blood loss

273. 35 years old smoker, on examination sown white patch on the tongue, management: a)

- Antibiotics
- b) No treatment
- c) Close observation
- d) Excisional biopsy

274. 2 years old boy has rectal pain, bleeding with perianal itching and constipation for 3 days, physical examination revealed a perianal erythematous rash which extend 2 cm around the anal ring, most likely Dx:

- a) Anal fissure
- b) Rectal polyp
- c) Ulcerative colitis
- d) Streptococcal infection
- e) Malacoplakia

- ☐ Perianal streptococcal dermatitis is a bright red, sharply demarcated rash that is caused by group A beta-hemolytic streptococci. Symptoms include perianal rash, itching and rectal pain; blood-streaked stools may also be seen in one third of patients. It primarily occurs in children between six months and 10 years of age and is often misdiagnosed and treated inappropriately. A rapid streptococcal test of suspicious areas can confirm the diagnosis. Routine skin culture is an alternative diagnostic aid. Treatment with amoxicillin or penicillin is effective. Follow-up is necessary, because recurrences are common

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275. Smoking directly related to which cancer:

- a) Colon
- b) Liver
- c) **Lung cancer**

276. Percentage of re-infarction for patient undergoing non-cardiac surgery:

- a) 5%, 3 months after the infarct
- b) **15%, 3 months after the infarct**
- c) 35%, 3 months after the infarct
- d) 5%, 3-6 months after the infarct
- e) 35%, 3-6 months after the infarct

277. The inguinal canal is :

- a) **shorter in infants than adults**
- b) just above the medial 2/3 of skin crease
- c) roofed by inguinal ligament

278. Below the inguinal ligament, where is the femoral artery? a)

Medial

- b) Lateral
- c) Anterior
- d) Posterior

279. In the inguinal region, the integrity of the abdominal wall requires which of the following structures to be intact:

- a) **Transversalis fascia**
- b) Lacunar ligament.
- c) Inguinal ligament.
- d) Iliopectineal ligament.
- e) Femoral sheath.

280. Complications of colostomy are all the following EXCEPT:

- a) **Malabsorption of water**
- b) Prolapse.
- c) Retraction.
- d) Obstruction.

- e) Excoriation of skin.

281. Gastric aspiration :

- a) Cuffed NGT may prevent aspiration

282. In peritonitis:

- a) The patient rolls over with agony (pain)
- b) The patient lies still.
- c) Pulse rate is decreased.

283. Peritonitis

- a) Can be caused by chemical erosions
- b) Rigidity caused by paralytic illness
- c) Complicated appendectomy by anaerobe organism

284. Child with imperforated anus the most useful diagnostic procedure is:

- a) Plain abdomen X-ray of with child inverted position
- b) Plain X-ray abdomen

285. Stress ulcers can be found in all EXCEPT:

- a) Burns.
- b) Aspirin.
- c) CNS lesions.
- d) Penicillin

286. in affected index finger, all can be used , EXCEPT:

- a) rubber tourniquet
- b) xylocaine
- c) adrenalin
- d) ring block

287. Patient came with redness of finger, you give augmentin for one week but no improvement, so what you will do now?

- a) Incision and drainage under general anesthesia
- b) Incision and drainage under local anesthesia
- c) Give augmentin for another week
- d) Change antibiotic

288. Among the causes of Portal HTN, which of these will cause the least hepatocellular damage? a)

- Schistosomiasis
- b) Alcoholic cirrhosis
- c) Post necrotic scarring
- d) Cirrhosis due to chronic active hepatitis

289. Varicose veins will affect all the following EXCEPT:

- a) Short saphenous vein.
- b) Long saphenous veins.
- c) Popliteal vein

d) Perforators.

290. The following are true regarding laparoscopic cholecystectomy, EXCEPT:

- a) Commonest complication is wound infection.
- b) **Patient re-admission is frequent**
- c) Pt can be discharged after 1-2 days.

291. all are complication of laparoscopic cholecystectomy EXCEPT:

- a) Wound infection is the common complication
- b) **Restlessness rate increases**
- c) Admission duration usually less than 2 days
- d) Early mobilization
- e) Post-op pain

292. The key pathology in the pathophysiology of venous ulceration is:

- a) The presence of varicose veins.
- b) **Incompetent valves causing high venous pressure.**
- c) Transudation of serum proteins.
- d) Hemosiderin deposition.
- e) Subcutaneous fibrosis.

293. Indirect inguinal hernia, all are true EXCEPT:

- a) **You can get above it.**

294. child has tracheoesophageal fistula, all can be used in management, except a)

Insertion of chest tube

- b) Insertion of NGT
- c) Pulmonary toilet
- d) Gastrostomy

295. Old lady, with 3 days history of perforated peptic ulcer, presented semicomatosed, dehydrated, febrile.

The appropriate management:

- a) NGT with suction , systemic antibiotics and observe
- b) **NGT with suction, blood transfusion ,rehydration, systemicantibiotics and closure of perforation**
- c) Vigotomy and drainage procedure ,NGT with suction
- d) Hemi-gastrectomy
- e) None of the above

296. All can complicate excision of abdominal aortic aneurysm, EXCEPT: a)

Paraplegia

- b) Renal failure
- c) **Hepatic failure**
- d) Leg ischemia

297. Patient came with this picture, no other manifestations “organomegaly or Lymphadenopathy, what is the diagnosis?

- a) Mononucleosis
- b) Lymphoma



298. Oral swelling in the mouth base:

- a) Ranula

299. Patient with vomiting & constipation, X-ray abdomen showed 3 lines, air in rectum: a) Treat ileus

- b) Rectal enema, decompression

300. Best management of acute cholangitis is

- a) Drain and antibiotic
- b) Antibiotic and gastric lavage
- c) Drain

301. Patient with submandibular swelling associated with pain during eating, what is your first investigation?

- a) X-ray
- b) MRI
- c) CT
- d) US

302. Patient presented to you complaining of left submandibular pain and swelling when eating. O/E, there is enlarged submandibular gland, firm. What is the most likely diagnosis? a) Mumps

- b) Sjogren's syndrome
- c) Hodgkin's lymphoma
- d) Salivary calculi

303. Drug can use alone in preoperative

- a) 3rd generation cephalosporin

304. What is the sign seen in x-ray that represents duodenal obstruction? a)

Double bubble sign

- b) triple bubble sign
- c) bird peak sign

305. Old patient, right iliac fossa pain, fever for 2 days, diarrhoea, on CT thickness of intestinal wall, what to do?

- a) Urgent surgical referral
- b) Antibiotic
- c) Barium enema.
- d) Colonoscopy.

306. What symptom came with hiatus hernia?

- a) Morning vomiting
- b) anemia

- c) increase during pregnancy

307. Elderly patient with RLQ fullness, weight loss, changed bowel habit, anemic and pale. What is the investigation of choice?

- a) Colonoscopy

308. Patient underwent abdominal surgery due to intestinal perforation many years back, presented by abdominal pain, distension, constipation, what is the best investigation in this case:

- a) Barium enema.
b) Ultrasound.
c) Small bowel barium study

309. Which of the following is true regarding Crohn's disease:

- a) Partial thickness involvement.
b) Fistula formation.
c) Continuous area of inflammation.
d) Mainly involve the recto sigmoid area.

310. 37 years old post cholecystectomy came with unilateral face swelling and tenderness. Past history of measles when he was young. On examination moist mouth, slightly cloudy saliva with neutrophil and band cells. Culture of saliva wasn't diagnostic. What is the diagnosis?

- a) Sjogren Syndrome
b) Parotid cancer
c) Bacterial Sialadenitis
d) Sarcoidosis
e) Salivary gland tumor
f) Salivary gland stone

☐ Measles is a risk factor to develop parotid gland swelling and infection, due to stone in the Stensen duct

311. Regarding screening for cancer, which of the following is true?

- a) Screening for cervical cancer had decreased in recent years
b) Screening for breast cancer had decreased in recent years
c) Screening for Colorectal cancer is inadequate for the high-risk groups
d) Screening for lung cancer has reduced the mortality rate of lung cancer
e) Screening for tobacco use is now adequately done by health professionals

312. water in the body:

- a) 40 %
b) Difference depend on age and sex

313. A case scenario about a patient who has on and off episodes of abdominal pain and was found to have multiple gallstones, the largest is 1 cm and they are not blocking the duct, what will you do?

a) Give pain killers medication

b) Remove gallbladder by surgery

314. Lady presented with perforated peptic ulcer and INR=5, needs preoperatively: a)

Protamine sulfate

b) Frozen blood

c) Fresh frozen plasma

d) fresh frozen blood

315. All of these diseases are predisposing to gastric cancer except:

a) pernicious anemia

b) H. pylori

c) Linitis plastica

d) Peptic ulcer

e) All of the above

316. All statements are correct for papillary thyroid carcinoma except:

a) Mainly spread by lymphatic

b) Mainly spread by blood

c) Recurs very late

d) Has very favorite diagnosis

e) may present first with lymph node swelling

317. Papillary carcinoma of the thyroid is characterized by all of the following EXCEPT:

a) Commonly metastasizes to the paratracheal nodes adjacent to the recurrent nerves.

b) Older patients have a worse prognosis than younger patients.

c) It is associated to childhood exposure to x-ray irradiation.

d) Older patients are more likely to have nodal metastases.

e) The tall-cell variant has a worse prognosis.

318. Relative to the complications that may be associated with thyroidectomy, which of the following statements is correct?

a) Tracheostomy should be performed routinely after surgical evacuation of a postoperative hematoma.

b) The clinical manifestations of postoperative hypoparathyroidism are usually evident within 24 hours.

c) A non-recurrent left anterior laryngeal nerve is present in every 100 to 200 patients.

d) When papillary carcinoma metastasizes to the lateral neck nodes, the internal jugular vein is routinely removed during the dissection.

e) Inadequately treated permanent hypoparathyroidism can lead to mental deterioration.

319. Femoral hernia is usually:

a) commonest hernia in females

b) Lateral to pubic tubercle

c) medial to pubic tubercle

d) never mistaken with lymphadenitis when strangulated

320. Inflammatory bowel disease is idiopathic but one of following is possible underlying cause a)

Immunological

321. Regarding strangulated inguinal hernia these statements are correct except:

- a) more common in males than female
- b) always present with tenderness
- c) always present with absent impulse with cough
- d) **always present with obstructed gut**
- e) always present with tense swelling

322. Number 20 French catheter is:

- a) 20cm long
- b) **20 mm in circumference**
- c) 20 dolquais in diameter
- d) 20 mm in diameter
- e) 20 mm in radius

323. The greatest risk of developing chronic hepatitis and cirrhosis occurs after: a)

- Hepatitis A infection.
- b) Hepatitis B infection.
- c) **Hepatitis C infection.**

324. 48 years old man with pyloric stenosis with severe vomiting comes into the hospital, there is marked dehydration, and the urine output 20 ml/hour. HCT 48, BUN 64mg, HCO₃ – 33mEq/l, Cl 70 mEq/l, and K 2.5 mEq/l. The predominant abnormality is :

- a) Aspiration pneumonia
- b) **Hypochloremic alkalosis**
- c) Salt-losing enteropathy
- d) intrinsic renal disease
- e) metabolic acidosis

325. The incidence of surgical infection is reduced with:

- a) **The use of preoperative non-absorbable oral antibiotics in colon surgery.** b)
- Blunt multiple traumas.
- c) The use of braided sutures.
- d) Postoperative systemic antibiotics.
- e) Advanced age.

326. Postoperative adhesions are the most common cause of small bowel obstruction. Choose the true statement about postoperative adhesions:

- a) Previous appendectomy and hysterectomy are uncommon cause's of late postoperative small bowel obstruction.
- b) The mechanism of adhesion formation is well understood and has been eliminated by the removal of talc from gloves and by careful suturing of the peritoneum.
- c) **Although the cause of adhesion formation is not well understood, careful operative technique may minimize its occurrence.**
- d) Internal stinting is useful because it prevents postoperative adhesions.
- e) In patients with postoperative small bowel obstruction, the obstruction is rarely due to adhesions.

327. Carcinoma of the colon is:

- a) Predominantly found in the rectum and the left side of the colon.
- b) More common in men than in women.
- c) Most likely to present as an acute intestinal obstruction.
- d) Associated with a second carcinoma in 20% of patients.
- e) Found to have a corrected 5-year survival rate of 50% in patients with nodal involvement following a curative resection.

328. Which of the following diseases is NOT frequently associated with pyogenic liver abscesses: a)

Cholangitis secondary to biliary obstruction

- b) Diverticulitis
- c) Urinary tract infection
- d) Hepatic artery thrombosis post liver transplant
- e) Omphalitis.

329. Which of the following liver tumors is often associated with oral contraceptive agents? a)

Hepatocellular carcinomas

- b) Liver cell adenomas
- c) Focal nodular hyperplasia
- d) Angiosarcoms
- e) Klatskin's tumor.

330. 48 years old male patient is admitted to the hospital with acute pancreatitis. Serum amylase concentration is 5400 IU/L. He is complaining of severe generalized abdominal pain and shortness of breath. He is haemodynamically stable after appropriate intravenous fluid infusions over the first 6 hours. Which one of the following is the least significant indicator of disease severity in acute pancreatitis during the first 48 hours:

- a) Raised WBC count (18000/mm²)
- b) Low arterial blood oxygen tension (60 mm Hg).
- c) Elevated serum amylase (5400 IU/L).
- d) Thrombocytopenia (10000/mm³).
- e) Elevated blood urea nitrogen (30 mg/dl).

331. Lymphedema is diagnosed most effectively by:

- a) Complete history and physical exam
- b) Duplex ultrasonography.
- c) Lymphoscintigraphy.
- d) Lymphangiography.
- e) Magnetic resonance imaging.

332. Patient with vomiting, constipation, pain and distension past history 7 month appendectomy diagnosis?

- a) Mechanical intestinal obstruction
- b) ileus

333. The single blood test performed by a good laboratory that would be expected to be the most sensitive for determining whether the patient is euthyroid, hypothyroid or hyperthyroid is: a) T3 uptake.

- b) Total T3.
- c) Total 4.
- d) **TSH (thyroid stimulating hormone)**
- e) Free T4.

334. Treatment of a patient with the clinical picture of thyroid storm should include all of the following EXCEPT:

- a) Propranolol
- b) Propylthiouracil.
- c) **Salicylates**
- d) Sodium iodide.
- e) Acetaminophen.

335. In a patient with elevated serum level of calcium without hypocalciuria, which of the following tests is almost always diagnostic of primary hyperparathyroidism:

- a) Elevated serum level of ionized calcium.
- b) Elevated serum level of chloride and decreased serumphosphorus.
- c) **Elevated serum level of intact parathyroid hormone (PTH).**
- d) Elevated 24-hour urine calcium clearance.
- e) Elevated urinary level of cyclic AMP.

336. Patient develops hypoparathyroidism after thyroid or parathyroid operations. What is the treatment for Hypoparathyroidism:

- a) **Oral 1, 25-vitamin D and calcium.**
- b) Transplantation of fetal parathyroid tissue.
- c) Intramuscular PTH injection.
- d) Reoperation to remove the thymus.
- e) Oral phosphate binders.

337. The most common cause of hypercalcaemia in a hospitalized patient is:

- a) Dietary, such as milk-alkali syndrome
- b) Drug related, such as the use off thiazide diuretics.
- c) Granulomatous disease.
- d) **Cancer**
- e) Dehydration.

338. The most common cause of dysphagia in adults is:

- a) Achalasia.
- b) Paraesophageal hernia.
- c) Sliding hiatus hernia.
- d) **Carcinoma**
- e) Esophageal diverticulum.

339. The most common cause of esophageal perforation is:

- a) Penetrating trauma.
- b) Postmetopic rupture.
- c) Carcinoma of the esophagus.
- d) Caustic ingestion.
- e) **Instrumentation.**

340. Which of the following is the most potent known stimulator of gastric acid secretion? a)

Pepsinogen

- b) **Gastrin**
- c) Acetylcholine B
- d) Enterogastrone
- e) Cholecystokinin

341. 64 years old man has had intermittent abdominal pain caused by a duodenal ulcer (confirmed on GI series) during the past six years. Symptoms recurred six weeks prior to admission. If perforation occurs, treatment is:

- a) Cimetidine with observation.
- b) Laparotomy with lavage.
- c) Laparotomy, lavage, oversew the ulcer.
- d) **As in C plus vagotomy and pyloroplasty.**
- e) As in C plus Billroth II gastrectomy.

342. The most common complication of Meckel's diverticulum among adults is: a)

Bleeding

- b) Perforation
- c) **Intestinal obstruction**
- d) Ulceration
- e) Carcinoma.

343. Complications following pancreatitis may include all of the following EXCEPT: a)

Pulmonary Atelectasis

- b) Altered mental status
- c) Shock
- d) **Afferent loop syndrome**
- e) Sepsis

344. regarding infection in the finger bulb, all true except:

- a) Can progress to collar abscess
- b) **Has loose fibrous attachment**
- c) Causes throbbing pain

345. Young patient admitted because of URTI and BP 120/90, 7 days after she develop acute abdomen, tenderness on examination , patient become pale ,sweaty, BP 90/60 what will you do: a) Anterior abdomen CT

- b) **IV fluid and observation**

- c) Gastroscope
- d) double-contrast barium

346. Female with neck swelling firm, large, and lobulated, positive antibodies against thyroid peroxidase, what is the diagnosis?

- a) Hashimoto's thyroiditis
- b) graves

347. Female patient has Ulcerative Colitis, developed red tender nodules on anterior surface of leg shin , what is the name of these nodules :

- a) Erythema nodosum

348. Patient with mid cervical mass. Next step:

- a) CT brain
- b) CT neck
- c) laryngoscope
- d) US

349. IV fluid in burn patients in given:

- a) 1\2 of total fluid is given in the first 8 hours post burn
- b) 1\4 of total fluid is given in the first 8 hours post burn
- c) the whole total fluid is given in the first 8 hours
- d) 1\2 of total fluid is given in the first 6 hours post burn
- e) 1\4 of total fluid is given in the first 6 hours post burn

350. What is this show?

- a) achalasia



351. Solitary thyroid nodule, what is the most valuable test? a)

US

b) **FNA**

352. A patient with mixed 1st & 2nd degree burns in head & neck region, what is the most appropriate management?

a) **Apply silver sulfadiazine and cream to all burned areas, cover them, IVF & admit to hospital**

b) Apply cream to 2nd degree burns and cover them, give IV fluids

c) Debridement of 2nd degree burns and ...

d) Apply silver sulfadiazine then Vaseline ointment to all areas then discharge the patient

353. 70 kg male with a 40% total body surface area burn and inhalation injury presents to your service. The fluid resuscitation that should be initiated is:

a) Lactated Ringer's solution at 350 ml/hr.

b) **D5 lactated Ringer's solution at 700 ml/hr.**

c) Lactated Ringer's solution at 100 ml/hr.

d) Normal saline at 400 ml/hr.

e) Lactated Ringer's solution at 250 ml/hr

354. Inhalation injury in burns, all true except:

a) CO is major cause of death in early stage

b) Pt should be admitted to ICU for observation even without skin burn

c) Singed vibrissae is respiratory sign

d) **Bronchioles and alveoli could burn from hot smoke**

355. Which of the following is true concerning inhalation injury?

a) Carboxyhaemoglobin level of 0.8% excludes the diagnosis.

b) Normal bronchoscopic exam upon admission excludes the diagnosis.

c) History of injury in open space excludes the diagnosis.

d) 50% of patients with positive bronchoscopy require ventilatory support.

e) **Fluid administration rate should not be decreased because of the lung injury.**

356. What is the first step in mild burn

a) **Wash by water with room temperature**

b) Place an ice

c) Put a butter

357. Female presented to ER with HCL burn on her face there was partial thickness burn management: a)
Irrigation with water

b) **Irrigation with soda bi carb**

c) Immediate debridement

358. Middle age male came to you gunshot to his femur, when you explore you found a 5 cm destroy of the superficial femoral artery what you will do?

a) Ligation and Observation

b) **Debridement and saphenous graft**

- c) Debridement and venous graft
- d) Debridement and arterial graft
- e) Debridement and prosthetic graft

359. Which role used to calculate burn surface area in case of burn: a)

Nine

- b) Seven
- c) six

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360. Cause of death in flame burn:

- a) **Airway affection**
- b) Hypovolemic shock

361. Case of burn → swelling, redness, hotness and no blister :

- a) prodromal
- b) **1st degree of burn**
- c) 2nd degree
- d) 3rd degree

362. partial thickness burn:

- a) **Sensitive**
- b) Insensitive.
- c) Will change to slough within 2-3 weeks.
- d) Needs a split graft.
- e) Needs a free flap.

363. Which of the following concerning the epidemiology of burn injury is true:

- a) Most pediatric burn deaths are secondary to scald injuries.
- b) Most pediatric burns occur in males.
- c) The highest incidence of burns is in 18-24 year old males.
- d) **One half (1/2) of pediatric burns are scalds.**

364. For 15-24 year old males, the most common etiology for thermal injury involves a)
automobiles

365. Burn involved 3 layers of the skin called:

- a) Partial thickness
- b) **Full thickness**
- c) Superficial
- d) Deep

366. treatment for perianal abscess :

- a) **incision and drainage**
- b) warm sitz baths

367. abdominal trauma case, duodenal trauma :

211

- a) my answer was exploratory laparotomy

368. benign breast mass is :

- a) that is cystic and dose not refill after aspiration
b) cytology shows fibrocystic disease

369. a bilateral breast disease:

- a) Lobar carcinoma.
b) Paget's disease.
c) Invasive ductal carcinoma

370. The initial management for responsive patient came to emergency with multiple injuries: a)

Oxygen Mask.

- b) Oropharyngeal tube.
c) Nasopharyngeal tube.
d) Endotracheal tube.

371. DPL is positive when:

- a) 10 ml of blood on initial aspiration.
b) ≥10 ml blood or ≥100,000 RBC or ≥ 500 WBC

☐ If any of the following are found then the DPL is positive of trauma and operative exploration is warranted

- 1) 10 cc/blood
- 2) 100,000 RBCs/mm³
- 3) 500 WBCs/mm³
- 4) Presence of bile, bacteria or food particles
- 5) Serum Amylase > 175IU/ml

372. A patient who got kicked on the chest presented with SOB and tachypnea. CXR shows effusion of left lung. What to do for immediate relief of the symptoms?

- a) Thoracotomy
b) needle aspiration
c) chest tube

373. Mild burn in the face and the neck:

- a) Apply (something) and admit the patient to the hospital
b) The rest of choices said apply (something) and discharge the patient /or follow up in the clinic.

☐ remember burn on the face necessitate admission

374. the best initial management of patient with burn on the hand: a)

Apply cold ice.

- b) Wash with continuously with water till the material goes away

375. The most common cause of nipple discharge:

- a) High prolactin level (my answer).

b) **Intraductal papilloma.**

376. Patient presented with progressive headache for days. There was history of head trauma by ping ball while playing. The most likely diagnosis:

- a) SAH.
- b) **SDH.**

377. Middle aged female patient with history of Stage 2 breast cancer treated successfully, now presents with moderate to severe pain in left leg, not relieved by lying down, pain on extension of leg and walking, O/E Tender region in L3-L4 lower back. No Physical sign of cancer recurrence. Last saw oncologist 2 years back. What is most appropriate scenario:

- a) Refer to oncologist
- b) Do DEXA Scan
- c) **Do MRI**
- d) Hospitalize and do neurology and oncology consultations

378. Middle age patient alcoholic with H/O fullness in epigastric region and mild pain, History of nausea and vomiting. Labs: Increased Serum Amylase, Diagnosis:

- a) **Pancreatic Pseudocyst**
- b) Pancreatic Cyst adenoma
- c) Choledochal Cyst
- d) Liver Cirrhosis

379. Patient came with MI 2 day after admission develops. Severe abdominal pain and bloody diarrhea, DX a) **Ischemic colitis**

380. Long scenario of 28 year old male patient with symptoms of Ulcerative Colitis+ anemia related to UC. Sigmoidoscopy revealed multiple polyps, Biopsy of polyps Carcinoma in situ. What is the most definitive therapy that will be effective in the long-term

- a) Correct Anemia
- b) Left hemicolectomy and Colostomy
- c) **Total Colectomy and Ileectomy**
- d) Removal of all polyps by Colonoscopy

381. patient presented by left arm swelling , pain full axillary lymphadenopathy ... ttt by a) **oral antibiotics (if only lymphadenitis)**

- b) IV antibiotics (if systematic symptoms)

382. 65 year male patient presented with history of backache and fatigue for the last 3 mon initial examination tenderness in lumbosacral region, on revealed the following ; Hb 9,ESR 80,X ray spine showed osteolytic lesion , the most likely diagnosis

- a) **Solitary myeloma**

383. 80 year old male presented with dull aching loin pain & interrupted voiding of urine. BUN and creatinine were increased. US revealed a bilateral hydronephrosis. What is the most probable Dx? a) Stricture of the urethra

- b) Urinary bladder tumor

- c) **BPH**
- d) Pelvic CA
- e) Renal stone

384. diffuse abdominal pain , bleeding per rectum and fever 38.3 c , preceded by urinary infection 3 weeks back treated with AB , diagnosis :

- a) Ischemic colitis
- b) Amoebic colitis
- c) **Pseudomembranous colitis**

385. C

- a)
- b)
- c) **Control diet**

386. old pt with 2 years bone pain , lethargy , fatigue, wedding gait , came with table show high calcium and high phosphorus ;

- a) osteoporosis
- b) osteomalacia
- c) paget disease of bone
- d) **metastases prostate cancer**
- e) paraneoplastic syndrome

387. patient is presented with acute cholangitis , what you will do to alleviate the symptoms: a)

IV antibiotics + gastric lavage.

- b) **IV antibiotics + drainage of bile.**
- c) Hydration + cholecystectomy.

388. patient C/o icterus in skin and eye on investigation WBC 2500, PLT 70,000, HB 7, leukocytosis 17% total bilirubin 51 and direct bilirubin 12 what is the test most likely positive a) Positive comb's test

- b) In US obstructive biliary duct
- c) **antiparietal antibodies**

389. Old pt presented with abdominal pain, back pain, pulsatile abdomen what's the step to confirm dx: a) Abdominal US

- b) **Abdominal CT**
- c) Abdominal MRI

390. old, smoker , rectal bleeding , wt loss:

- a) **Colorectal cancer**

391. about which breast mass present with bloody discharge ?

- a) **intraductal papilloma**

392. Pt diabetic he has wound in his leg with poor healing , Exudate ,no sign of inflammation the hyperglycemia cause poor wound healing by :

- a) inhibit phagocytosis
- b) stimulate bacterial growth
- c) **decrease immunity**

393. Picture of a huge ulcer in the leg, the ulcer is red with raised edges. Best option of management: a)
Topical steroids

- b) **Biopsy**
- c) Radiotherapy
- d) Topical antibiotics

394. adolescent with asymptomatic hernia :

- a) **surgical is better than medical ttt**
- b) contraindication to do surgery in reducible hernia
- c) can cause hypo infertility

395. the most common complication following hemorrhoidectomy is : a)
fecal impaction

- b) bleeding
- c) **urinary retention**
- d) infection

396. old man presented to u complaining of rectal pain mostly at night with itching .. what is the Dx: a)
Hemorrhoids

- b) Gay bowel syndrome
- c) **Proctalgiafugax**

397. a colorectal carcinoma that invades the submucosa and has two positive lymph nodes and no metastasis is :

- a) stage 1
- b) stage 2
- c) **stage 3**
- d) stage 4

398. which one make you relief when you aspirate a Brest mass:

- a) **Clear serous fluid in the needle**

399. 45 years old female came to ER with acutely swollen knee + ballotmentpatella. The most important to do is:

- a) MRI of the knee
- b) **Aspiration**
- c) Complete blood count
- d) rheumatoid factor

- 400. Young boy presented to the ER with inguinal mass, pain and vomiting. O/E the mass is tender to touch, erythematous skin over scrotum, (blue dots) in the pole of testis, intact cremasteric reflex ,Dx is a)**
 Testicular torsion
 b) Testicular hematoma
 c) incarcerated hernia
 d) torsion appendix of testis
- 401. patient sustained major trauma came to ER 1st thing to do**
 a) open air way give 2 breath
 b) open airway remove foreign body
 c) 2 breath followed by chest compression
- 402. Patient with BMI less than 18 with repetitive vomiting. What kind of electrolyte imbalance**
 a) Hypokalemia
- 403. Male complaining of groin pain with heavy objects and coughing, O/E reducible swelling in the right groin area, what u should tell the patient regarding his problem ?**
 a) Should do emergency surgical removal.
 b) Should do elective surgical removal
 c) it will predispose to cancer
 d) It will disappear after medical treatment
- 404. The common cause of immediate death in burn injury:**
 a) Inhalation injury
- 405. Treatment of folliculitis after shaving the bread :**
 a) oral steroid
 b) topical steroid
 c) oral antibiotics
- ☐ maybe there was topical antifungal but no topical antibiotic choice
- 406. Patient intubated ,the most reliable method to make sure for tube proper position :**
 a) 5 point auscultation bilaterally breathing heard
 b) CXR
- 407. Old patient with benign prostate hypertrophy,wants to do PCA test, what to do : a)**
discuss pros &cons with the pt
- 408. Patient has indirect hernia with no complication :**
 a) Elective surgery
- 409. Patient with lump at the back long time ago with white malodor discharge, what to do? a)**
 FNA and culture
 b) Antibiotic
 c) Excisional biopsy

d) Refer to dermatologist

410. 50 years old male patient, presented with just mild hoarseness, on examination: there was a midcervical mass, the BEST investigation is:

- a) Indirect laryngoscope
- b) CT brain
- c) **CT neck**
- d) Throat swab

411. The most common cause of nipple discharge in non-lactating women is a)
prolactenoma

- b) hypothyroidism
- c) breast cancer
- d) Fibrocystic disease with ductal ectasia.
- e) **ductal papilloma**

412. acute appendicitis in children all false except:

- a) leukocytosis is diagnostic
- b) rarely perforated if it is not well treated
- c) can cause intestinal obstruction
- d) need ABC before surgery for every child

413. diabetic patient with ulcer in foot , not healing , not infected , high a)
blood glucose

- b) high blood glucose stimulate bacteria to grow
- c) decrease phagocytosis
- d) decrease immune system

414. Which of the following is the first test that should be performed in a patient with lower GIT bleeding? a)
nasogastric aspiration

- b) anoscopy
- c) proctoscopy
- d) colonoscopy

415. Patient with constipation. He had previous surgery in the past (there is X- ray) a)
surgery for obstruction

- b) rectal decompression
- c) treatment of ileus

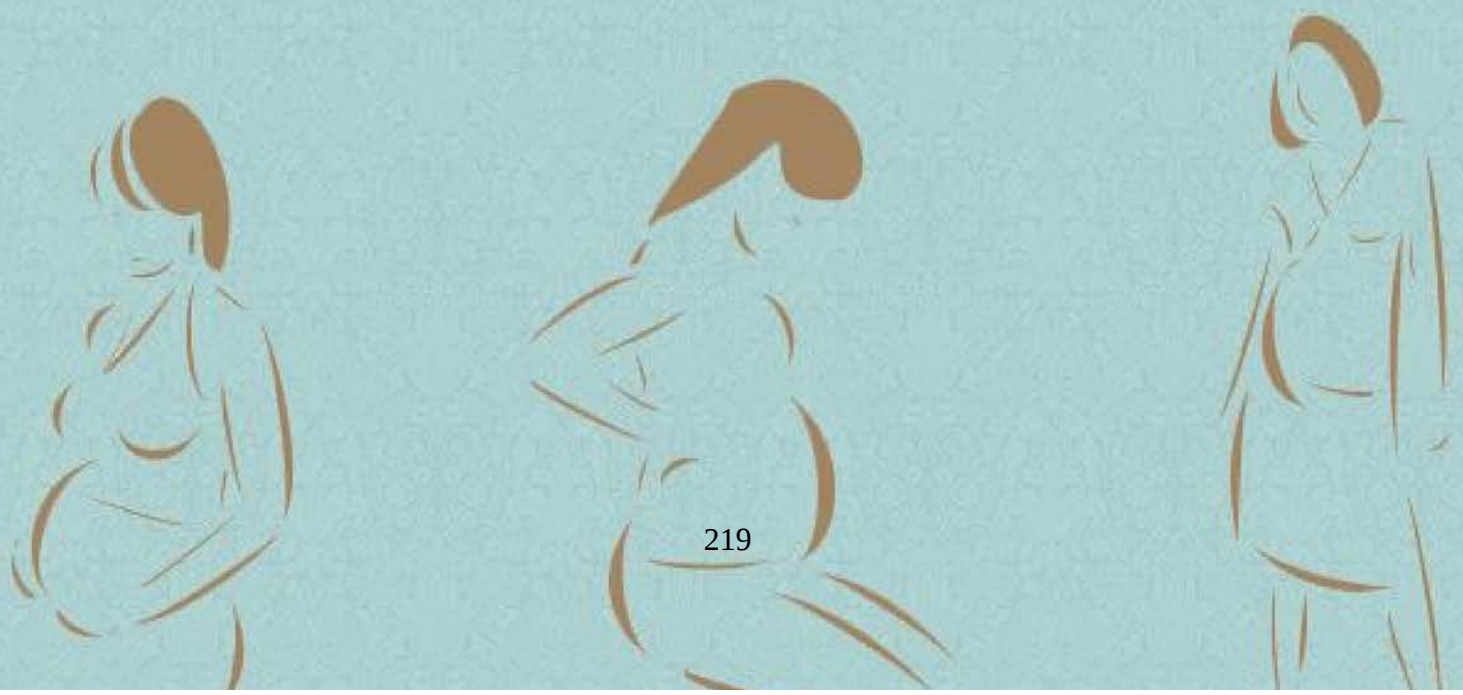
416. Old patient with dehydration corrected with 3 liters of D5, later he became confused with headache. Most probable cause:

- a) Hyponatremia
- b) Hypernatremia
- c) Hypokalemia
- d) Hyperkalemia

417. the wound stay in early inflammatory phase until :

- a) epithelial tissue formation
- b) angiogenesis
- c) the wound steril

Obstetrics *and* Gynecology



1. Female patient with DM well controlled and she wants to get pregnant, and she asked you about the risk of congenital abnormality, to avoid this diabetes control should start in:
 - a) **Before pregnancy**
 - b) 1st trimester
 - c) 2nd trimester
 - d) 3rd trimester
2. Pregnant lady, she wants to do a screening tests, she insist that she doesn't want any invasive procedure, what you well do?
 - a) **U/S**
 - b) Amniocenteses
3. What is the risk of GDM on her life later:
 - a) DM type 1
 - b) **DM type 2**
 - c) Impaired fasting glucose
4. Clomiphene citrate:
 - a) **Induce ovulation**
5. Pregnant lady with cardiac disease presented in labor, you'll do all except:
 - a) Epidural anesthesia
 - b) **C/S**
 - c) Diuretic
 - d) Digitalis
 - e) O2
6. Asymptomatic woman with trichomoniasis:
 - a) Treat if symptomatic
 - b) Treat if she is pregnant
 - c) **Treat her anyway**
7. A pregnant woman, multigravida, 38 weeks gestational presented with glycosuria. Gestational diabetes was confirmed by glucose tolerance test. What is the next step?
 - a) Repeat Glucose tolerance test
 - b) Cesarean section
 - c) **Diet adjustment**
 - d) Start sliding scale insulin
 - e) Start oral hypoglycemic medication

We start diet if nor controlled we can use insulin, also we must induct of that labor or Do C/S if complication occur ..

If insulin is given here not to avoid macrosomia anymore, because that's woman may not visit any primary care and we found fetus on 38 weeks already BIG (macrosomia) which answer of C/S perfectly correct ..

Or you can use C/S as an elective because the incidence of cases that's going to C/S become more but we give her a chance to do induction of labor if fetal normal !

8. Pregnant lady in her 30 weeks gestation diagnosed as having swine flu. She has high grade fever and cough for 4 days and her RR= 25/min. What will you do for her?
- Give her Tamiflu 75 mg BID for 5 days**
 - Refer her to ER for admission
 - Give her antibiotics
 - Refer her to OBGY doctor
9. A 27 year old pregnant lady, 19 weeks gestation, smoker, presented with PV bleeding followed by painless delivery. She was told nothing was wrong with her or her baby. The diagnosis is:
- Cervical incompetence**
 - Fetal chromosomal anomaly
 - Molar pregnancy
10. The commonest symptom in the presentation of abruptio placenta is:
- Vaginal Bleeding
 - Abdominal pain**
 - Abdominal mass
 - Irregular uterine contractions
 - Hypogastric tenderness
11. Pregnant lady, 8 weeks gestation, came with History of bleeding for the last 12 hours with lower abdominal pain & she passed tissue. On examination the internal Os was 1cm dilated. The diagnosis is:
- Complete abortion
 - Incomplete abortion**
 - Missed abortion
 - Molar pregnancy
 - Threatened abortion
12. Young primigravida, 35 weeks gestation, had BP of 140/90, headache, Proteinuria & lower limb edema. What is the best management?
- Oral labetalol
 - Diuretics
 - Low sodium diet
 - Immediate C-section
 - Admission & observation of feto-maternal condition**
13. A 30 year old lady in the third trimester of her pregnancy developed a sudden massive swelling of the left lower extremity extending from the inguinal ligament to the ankle. The most appropriate sequence of work up & treatment:
- Venogram, bed rest, heparin
 - Impedance plethysmography, bed rest, heparin**
 - Impedance plethysmography, bed rest, vena caval filter
 - Impedance plethysmography, bed rest, heparin, warfarin
 - Clinical evaluation, bed rest, warfarin

This is DVT in pregnancy which Impedance Plethysmography is an extremely accurate test to assess thromboses in the lower iliac, femoral, and popliteal veins ..

Treatment of thromboembolism during pregnancy is with either unfractionated or low-molecular-weight heparin. Although either type is acceptable, most recommend one of the low molecular-weight heparins ..

Warfarin derivatives are generally contraindicated because they readily cross the placenta and cause fetal death and malformations from hemorrhages ..

14. A young female patient who is an office worker presented with itching in the vagina associated with the greenish-yellowish vaginal discharge. Examination revealed red spots on the cervix. The diagnosis is:

- a) **Trichomoniasis**
- b) Candidiasis
- c) Gonorrhea
- d) Gardnerella vaginalis

15. A female patient presented with oligomenorrhea, she had 3 periods in the last year. She also had acne & hirsutism. Her body weight was 60 kg. PV examination was normal. The diagnosis is:

- a) **Polycystic ovary disease**
- b) Hyperprolactinemia
- c) Adrenal tumor
- d) Hypothyroidism
- e) Premature ovarian failure

16. Uterovaginal prolapse:

- a) **Increase heaviness in erect position**
- b) More in blacks
- c) A common cause of infertility

17. A couple is trying to have baby for the last 6 month of unprotected intercourse. They wanted to know the possible cause of their infertility. What will you do?

- a) Wait & see
- b) Send to fertility clinic
- c) Semen analysis
- d) Pelvic exam
- e) Body temperature chart

If we back to definition of infertility, WHO define :

" Infertility is the inability to conceive a child. A couple may be considered infertile if, **after two years** of regular sexual intercourse, without contraception, the woman has not become pregnant (and there is no other reason, such as breastfeeding or postpartum amenorrhoea). Primary infertility is infertility in a couple who have never had a child. Secondary infertility is failure to conceive following a previous pregnancy. Infertility may be caused by infection in the man or woman, but often there is no obvious underlying cause."

And reproductive endocrinologists in United State define :

" a woman **under 35** has not conceived **after 12 months** of contraceptive-free intercourse. Twelve months is the lower reference limit for Time to Pregnancy (TTP) by the World Health Organization.

a woman **over 35** has not conceived **after 6 months** of contraceptive-free sexual intercourse. "

18. A 34 years old lady presented with pelvic pain and menorrhagia. There is history of infertility, on examinations the uterus was of normal size & retroverted; she had multiple small tender nodules palpable in the uterosacral ligament. The most likely diagnosis is:

- a) Fibroid
- b) Endometriosis
- c) Adenomyosis
- d) PID

19. 50 years old woman (post-menopausal woman) who is taking estrogen OCP every month & stops at the 21st day of the cycle. She presented with vaginal bleeding in the form of spotting 2-3 days after stopping the estrogen OCP (a case of postmenopausal bleeding). The best management is:

- a) Pap smear
- b) Endometrial sampling (biopsy)
- c) Stop estrogen
- d) Continue estrogen
- e) Add progesterone

This is a case of endometrial cancer which the best thing to find and detect its early to determine stages , otherwise the best treatment of endometrial cancer is surgery to prevent metastasis ..

20. OCP:

- a) Changes the cervical mucus
- b) increase premenstrual tension
- c) Have a failure rate of 3 %

Combined oral contraceptive pill is prevent pregnancy by three steps :

1- prevent ovulation ..

2- shedding endometrial ..

3- make cervical mucus thick and prevent sperm from enter uterus ..

OCP reduce incidence of premenstrual tension ..

About Failure rate :

if use perfectly the failure rate in first year = 0.3 %

if use typically the failure rate in first year = 9 %

21. The best indicator of labour progression is:

- a) Dilatation
- b) Degree of pain
- c) Fetal heart rate
- d) Decent
- e) **Dilatation and decent**

22. OCP:

- a) **Decrease the risk of ovarian cancer**
- b) Increase the risk of breast cancer
- c) Decrease endometrial cancer
- d) Increase risk of ectopic pregnancy

OCP is reduce risk of ovarian and endometrial cancer and increase risk of breast and cervical cancer ..

I think question is All are true except !

23. Average length of the menstrual cycle:

- a) 22 days
- b) 25 days
- c) **28 days**
- d) 35 days

24. About Antepartum haemorrhage:

- a) **Rarely due to hypofibrinogenemia**
- b) Maternal mortality more than fetal mortality
- c) PV exam is always indicated

Fetal mortality more than maternal mortality in antepartum hemorrhage ..

PV exam doesnot always indicate , be careful because if had placenta previa or vasa previa which closed cervical you will ruptured it ..

25. Old patient known case of hypothyroidism on thyroxin, presented with many symptoms, labs all normal (TSH, T3, T4) except low calcium, high phosphate, what is the diagnosis?

- a) Primary hyperparathyroidism
- b) Secondary hyperparathyroidism
- c) **Secondary hypoparathyroidism**
- d) Uncontrolled hypothyroidism

26. Pregnant lady came to antenatal clinic for routine checkup, her Glucose tolerance test was high glucose , diagnosed as gestational DM , management:

- a) **Nutritional advice**
- b) Insulin
- c) Oral hypoglycemic agents
- d) Repeat GGT

27. Pregnant lady 7cm dilated cervix, had induction of labor with oxytocin and artificial rupture of membrane, Hypertensive and the baby is Brady, what you will do?

- a) **Magnesium sulfate**
- b) Give dose of oxytocin

28. Pregnant lady with negative antibodies for rubella and measles, what you will give her?

- a) MMR
- b) Antibodies
- c) Terminate pregnancy
- d) **Do nothing**

☐ Measles-mumps-rubella (MMR) vaccine and its component should not be administered to women known to be pregnant.

29. 20 years old lady, pregnant, exposed to rubella virus since 3 days, never was vaccinated against rubella mumps or measles, what's the best thing to do?

- a) Give IG
- b) Vaccine
- c) Do nothing
- d) **Terminate the pregnancy**

30. The most common cause of postpartum hemorrhage is:

- a) **Uterine atony**
- b) Coagulation
- c) Retained placenta

31. Girl with amenorrhea for many months. BMI is 20 and is stable over last 5 years, diagnosis:

- a) Eating disorder
- b) **Pituitary adenoma**

32. Regarding GDM:

- a) **Screening for GDM at 24 to 28 weeks**
- b) Diet control is always successful treatment
- c) Screening at 8 weeks

33. 48 years old with irregular menses presented with fatigue and no menstruation for 3 months with increased pigmentation around the vaginal area without other symptoms. your next step would be

- a) reassure the patient
- b) **Do a pregnancy test**
- c) do ultrasound

34. Total vaginal hysterectomy with anterior & posterior repair the patient complains that urine is come out through vagina, what is the diagnosis?

- a) Ureterovaginal fistula
- b) **vesico vaginal fistula**
- c) urethrovaginal fistula (If during micturition)
- d) cystitis

35. marker of ovarian cancer :

- a) **CA125**

36. Female on antibiotic has white cottage cheesy vaginal discharge

- a) **Candida**

37. couple came for reversible contraception , the wife previous DVT , your advice :

- a) Tubal ligation
- b) **IUD**

38. Normal Puerperium:

- a) It lasts for up to 4 weeks
- b) The uterus can't be felt after the 1st week
- c) Lochia stays red for 4 weeks
- d) **Epidural analgesia cause urinary retention**

39. Lactating lady who didn't take the MMR?

- a) Take the vaccine and stop feeding for 72 hour
- b) It is harmful for the baby
- c) **She can take the vaccine**

40. Signs of androgen excess and ovarian mass , most likely tumor :

- a) **Sertoli-lyding cell tumor**

41. Girl with hirsutism , deep voice , receding hair line :

- a) **Androgen excess**

42. Trichomoniasis is classically have:

- a) Clue cells
- b) **Greenish frothy discharge**

Type of infection	Type of Discharge	Other Symptoms	treatment
Gonorrhea	Cloudy or yellow	Bleeding between periods, urinary incontinence	Ceftriaxone or cefitixime
Bacterial vaginosis	White, gray or yellow with fishy odor	Itching or burning, redness and swelling of the vagina or vulva	Metronidazol oral or topical
Trichomoniasis	Frothy, yellow or greenish with a bad smell	Pain and itching while urinating	Oral metronidazol
Yeast infection	Thick, white, cheesy	Swelling and pain around the vulva, itching, painful sexual intercourse	Antifungal

Chlamydia	Purulent, malodors	Itching or burning	Azithromycin & doxycycline
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43. pregnant lady 16 weeks, ultrasound shows snowstorm appearance:

- a) Complete hydatiform mole

44. Patient came with whitish discharge from the nipple. Her inx show pituitary adenoma, which hormone responsible for this :

- a) Prolactin

45. Young girl came with history of full term uterine demise and now she is in 34 weeks. what u will do:

- a) CS in 38 week
b) Wait for spontaneous delivery
c) Induce labor at 36 , not more than 4 weeks from diagnosis

46. Lady pregnant in her 3rd trimester came with bright red gush of blood, no abdominal pain or uterine tenderness

- a) Placenta previa

47. Patient complain of tension headache, was on acetaminophen but no improvement, she notice that the headache improved when she was pregnant:

- a) Triptan trial medication (for cluster and migraine inhibit dilation of cranial vessels)
b) Let her quite her job
c) Drug induced amenorrhea

48. Cause of Polyhydramnios:

- a) Renal agenesis
b) Duodenal atresia
c) Mother with diabetes insipidus
d) Post mortem pregnancy

49. The most accurate diagnostic investigation For ectopic pregnancy:

- a) Culdocentesis
b) Pelvic U/S
c) Endometrial biopsy
d) Serial B-HCG
e) Laparoscopy

50. A 14 years female, with 6 month history of lower mid abdominal pain , the pain is colicky radiate to the back and upper thigh, begin with onset of manse and last for 2-4 days, she missed several days of school during the last 2 months, physical examination of abdomen and pelvis normal, normal secondary sex development, what is the most likely diagnosis?

- a) Primary dysmenorrhea
b) Secondary dysmenorrhea.

51. Nulligravida at 8 weak gestational age, follow up for genetic screening, she refused the invasive procedure but she agree for once screening , what is the appropriate action now:

- a) do ultrasound
b) 1st screening "US + maternal blood"
c) 2nd screening

- d) 3rd screening
- e) Amniocentesis

52. Which type of contraceptive is contraindicated in lactation:

- a) OCPs
- b) Mini pills
- c) IUD
- d) Condom
- e) Depo-Provera

53. Best medication to be given for GDM (gestational) is:

- a) Insulin
- b) Metformin

54. A vaccination for pregnant lady with DT

- a) Give vaccine and delivery within 24 hours
- b) Contraindicated in pregnancy
- c) Not contraindicated in pregnancy

55. Contraceptive pill that contain estrogen increase risk of:

- a) Breast Cancer
- b) Ovary Cancer
- c) Cervical Cancer

56. The best stimulus for breast milk secretion is :

- a) Estrogen
- b) Breast feeding

57. Pregnant diagnosed with UTI. The safest antibiotic is:

- a) Ciprofloxacin
- b) Ampicillin
- c) Tetracycline

58. Full term wide pelvis lady, on delivery station +2, vertex, CTG showed late deceleration, what is the most appropriate management?

- a) C/S
- b) Suction
- c) Forceps Delivery
- d) Spontaneous Delivery

59. Endometriosis best diagnosed by

- a) US
- b) Laparoscopy
- c) Laparotomy

60. 41 weeks pregnant lady last biophysical profile showed oligohydroamnios. She has no complaints except mild HTN. What is the appropriate management?

- a) Wait
- b) Induce labor post 42 weeks

- c) Induce labor
- d) Do biophysical profile twice weekly

61. Young female with whitish grey vaginal discharge KOH test? Smell fish like, what is the diagnosis?

- a) Gonorrhea
- b) Bacterial Vaginosis
- c) Traichomanous Vaginalis

62. Female complain of painless odorless and colorless vaginal discharge that appear after intercourse so ttt:

- a) give her antibiotic
- b) Douche after intercourse
- c) Cervical cancer should be consider
- d) May be due to chronic salpingitis

63. Obstructed labor, which is true?

- a) common in primi
- b) excessive caput & molding are common signs
- c) most common occipito- ant
- d) can not be expected before labor

64. 1ry dysmenorrhea:

- a) Periods Painful since birth
- b) Pain start a few days before flow
- c) NSAID help

65. After delivery start breast feeding :

- a) As soon as possible (according to WHO : within half an hour)
- b) 8 hours
- c) 24 hours
- d) 36 hours
- e) 48 hours

66. Pregnant women has fibroid with of the following is True:

- a) Presented with severe anemia .
- b) Likely to regress after delivery .
- c) Surgery immediately .
- d) Presented with antepartum hemorrhage .

67. A 28 year lady with 7 week history of amenorrhea has lower abdominal pain , home pregnancy test was +ve , comes with light bleeding, next step:

- a) Check progesterone
- b) HCG
- c) Placenta lactogen
- d) Estrogen
- e) Prolactin

68. Female patient come with generalized abdominal pain by examination you found Suprapubic tenderness , by PV examination there is Tenderness in moving cervix and tender adnexia diagnosis is : a) **Pelvic inflammatory disease**
69. Treatment of patient with yellowish vaginal discharge and itchy by swab and culture it is Trichomonas vaginalis. which of the following is correct :
- Start treatment with metronidazole**
 - Start treatment with clindamycin
 - No need to treat husband
 - Vaginal swab culture after 2 weeks
70. 50 years old giving history of (postmenopausal symptoms), hot flushes. best drug to reduce these symptom is:
- Estrogen only
 - Progesterone only
 - Combined pills (estrogen and progesterone)
 - Venlafaxine or Paroxetine or clonidine or HRT if not combined pills.**
71. Patient has history of amenorrhea for 6 weeks presented with abdominal pain on examination there is fluid on Douglas pouch & clot blood?
- Rupture ectopic pregnancy**
72. Pregnant on 36th week came with 7 cm cervical width at zero station. During birth, CTG shows late deceleration, management is:
- Give Oxytocin
 - O2 and change mother position**
 - Give Mg sulfate

Type of	Etiology	Management deceleration
Early	Head compression from uterine contraction (normal)	No treatment
Late	Uteroplacenta insufficiency and fetal hypoxia	☐ Place patient on side ☐ Discontinue oxytocin. ☐ Correct any hypotension ☐ IV hydration. ☐ If decelerations are associated with tachysystole consider terbutaline 0.25 mg SC ☐ Administer O2 ☐ If late decelerations persist for more than 30 minutes despite the above maneuvers, fetal scalp pH is indicated. ☐ Scalp pH > 7.25 is reassuring; pH 7.2-7.25 may be repeated in 30 minutes. ☐ Deliver for pH < 7.2 or minimal baseline variability with late or prolonged decelerations and inability to obtain fetal scalp pH

Variable	Umbilical cord compression	☐ Change position to where FHR pattern is most improved. Trendelenburg may be helpful. ☐ Discontinue oxytocin. ☐ Check for cord prolapse or imminent delivery by vaginal exam. ☐ Consider amnioinfusion ☐ Administer 100% O ₂
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73. Patient has history of cervical incompetence, pregnant at 8 weeks what the management?

- a) Do cervical cerclage at 14-16w

74. Patient has a white vaginal discharge and itching, what is the patient have?

- a) DM

75. Pregnant lady the thyroid function test show (high TBG & T4) and upper normal T3 this due to?

- a) Pregnancy

76. Pregnant lady giving history of increased body weight about 3KG from the last visit and lower limb edema to confirm that she had pre-Eclampsia, what to do?

- a) Measure her BP

77. Female patient came with severe vaginal bleeding; what is the appropriate initial management?

- a) O₂ , IV FLUID , ABC ,IF NOT STOP progesterone & estrogen last one is blood transfusion

78. Pregnant with 32 Weeks no any abnormality, asking what the outcome should be to this pt

- a) Induction at 36 weeks.

☐ SVD!

79. Pregnant lady G1P0 at 13 week she looks anxious, but she is happy about her pregnancy her blood pressure is 142/96 she do exercise 4-5 times / week she denies that she has any previous medical problem, what is diagnosis?

- a) pre eclampsia
b) pregnancy induced hypertension
c) Chronic hypertension

- **Gestational hypertension** (formerly known as pregnancy-induced hypertension): Idiopathic hypertension without significant proteinuria (< 300 mg/L) that develops at > 20 weeks' gestation. As many as 25% of patients may go on to develop preeclampsia.
- **Chronic hypertension**: Present before conception and at < 20 weeks' gestation, or may persist for > 12 weeks postpartum. Up to one-third of patients may develop superimposed preeclampsia.
- **Preeclampsia**: New-onset hypertension (SBP ≥ 140 mmHg or DBP ≥ 90 mmHg) and proteinuria (> 300 mg of protein in a 24-hour period) occurring at > 20 weeks' gestation.
- **Eclampsia**: New-onset grand mal seizures in women with preeclampsia.

80. Pregnant at 28 week, she sit with child, this child develop chickenpox, she come to you asking for advice, you found that she is seronegative for (varicella) antibody, what will be your management?

- a) Give her (VZIG) varicella zoster immunoglobulin
b) give her acyclovir
c) give her varicella vaccine
d) wait until symptom appear in her

81. during rape rupture of hymen at

- a) 6 o'clock

82. Comes with lower abdominal tenderness with no signs of infection and HCG normal a)

Ovarian cyst torsion

83. Pregnant, 34 weeks with abdominal pain radiating to back, O/E: transverse lie, back down & PV revealed open cervix 3 cm & plugging of bag, management?

- a) Caesarian section.
b) Tocolytics

84. Couples asking for emergency contraception

- a) Levonorgestrel 1.5 mg

85. 34 week with antepartum hemorrhage, she was conscious but fighting, what is the most likely cause? a)

Post-coital bleeding.

86. Pox virus vaccine In lactating lady

- a) Give the vaccine

87. Regarding injectable progesterone

- a) Can cause skin problems
b) Associated with irregular bleeding and weight gain.
c) Decrease in bone mineral density (reversible).
d) Delayed fertility after discontinuation (one shot can last 10 months).

88. Increase frequency of menses called

- a) Menometror
b) Polymenor
c) Hypermeno

89. Pregnant, 36 weeks, present with agitation, BP: 88/60, fetal distress, what is the diagnosis?

- a) Pulmonary embolism.
b) Amniotic fluid embolism.
c) Pulmonary Edema.

☐ **Amniotic fluid embolism**

- **Typically** occurs acutely during labor and delivery or immediately at postpartum.
- **Classic signs and symptoms** are hypoxia, hypotension with shock, altered mental status and disseminated intravascular coagulation.
- **Other signs and symptoms** include seizure activity, agitation, and evidence of fetal distress.
- **Diagnosis:** primarily a clinical diagnosis of exclusion.
- **Treatment:** Aggressive supportive management is needed, and the patient should be intubated and monitored

90. Patient with salpingitis and there is swelling in pelvis in posterior fornix and it is fluctuant, management?

- a) **Colpotomy**
 - b) Laparoscopic
 - c) continues oral thereby
- **Note:** Culdocentesis refers to the extraction of fluid from the rectouterine pouch posterior to the vagina through a needle > The Rectouterine Pouch is often reached through the posterior fornix of the vagina.
 - The process of creating the hole is called "colpotomy" if a scalpel incision is made to drain the fluid rather than using a needle.
 - Drainage of a tubo-ovarian/pelvic abscess is appropriate if the mass persists after antibiotic treatment; the abscess is > 4–6 cm; or the mass is in the cul-de-sac in the midline and drainable through the vagina.
 - If the abscess is dissecting the rectovaginal septum and is fixed to the vaginal membrane, colpotomy drainage is appropriate.
 - If the patient's condition deteriorates, perform exploratory laparotomy.

91. Salpingitis and PID on penicillin but not improve, what is the most likely organism?

- a) Chlamydia
- b) **Neisseria gonorrhea**
- c) Syphilis
- d) HSV

☐ **Outpatient antibiotic regimens :**

- Regimen A: Ofloxacin or levofloxacin × 14 days +/– metronidazole × 14 days.
- Regimen B: Ceftriaxone IM × 1 dose or cefoxitin plus probenecid plus doxycycline × 14 days +/– metronidazole × 14 days.

☐ **Inpatient antibiotic regimens:**

- Cefoxitin or cefotetan plus doxycycline × 14 days.
- Clindamycin plus gentamicin × 14 days.

92. 29 years old lady B-HCG 160 complaining of vomiting & abdominal pain, which is more accurate to diagnosis?

- a) BHCG serial
- b) **Pelvic US**
- c) Laparoscopy

93. Breech presentation at 34 weeks:

- a) Do ECV now.
- b) **Do ECV at 36 wks.**
- c) C/S

94. Lady 28 years old G3+3 complaining of infertility:

- a) **Uterine fibroid**

95. Female lady after delivery started to develop pelvic pain, fever, vaginal discharge & negative leich..'r test.

What is your diagnosis: ((I don't know what is that test))

- a) Vaginal yeast.
- b) **PID.**
- c) Bacterial vaginosis.

96. Chronic uses of oestrogen association:

a) Pulmonary embolism or Increase risk of breast and cervical cancer & reduced uterus and ovary

97. Classical case of Candida infection “itching, white discharge from vagina”, what is the treatment:

- a) Miconazole
- b) Amoxicillin

98. Postpartum lady developed blues, beside psychotherapy:

- a) Encourage family to support patient

99. Pregnant lady with cystitis, one of the following drugs contraindicated in her case:

- a) Amoxicillin
- b) Ceftriaxone
- c) Flouroquinolone

100. All of the following drugs contraindicated in breast feeding except : a)

- Tetracycline
- b) Chlorophenicol
- c) Erythromycin

101. In initial evaluation couples for infertility:

- a) Temperature chart
- b) Semen analysis
- c) Refer to reproductive clinic

102. Common cause of male infertility:

- a) Primary hypogonadism
- b) Secondary hypogonadism
- c) Ejaculation obstruction

103. Condition not associated with increased alpha feto protein:

- a) Breech presentation
- b) Down syndrome
- c) Gastroschisis
- d) Myelomeningocele
- e) Spina bifida
- f) Encephalitis

104. Pregnant never did checkup before, her baby born with hepatosplenomegaly and jaundice: a)

- Rubella
- b) CMV
- c) HSV
- d) Toxoplasmosis

105. Female patient around 35 years old, history of thromboembolic disease, what type of reversible contraceptive she can use?

- a) OCP
- b) Mini pills
- c) **IUCD**

106. A case of a patient with thin cervix and little amount of cervical mucus, how would you treat her

- a) **Estrogen injections**

107. Patient G3 P3 all her deliveries were normal except after the second one she did D&C , Labs all normal except: high FSH, high LH, low estrogen, what s the diagnosis?

- a) **Ovarian failure**
- b) Asherman syndrome
- c) Turner syndrome
- d) Sheehan syndrome

108. Pregnant 6 days in CS staining in her throbs from abdomen:

- a) **Fascial dehiscence**
 - Wound infection and is suggested when excessive discharge from the wound is present.
 - If a fascial dehiscence is observed, the patient should be taken immediately to the operating room where the wound can be opened, debrided, and reclosed in a sterile environment

109. Female with vaginal bleeding, abdominal pain, what is the first investigation? a)

- US**
- b) Vaginal Examination

110. 16 weeks pregnant complaining of polydipsia & polyuria less than 126 mg fasting 6.8 : a)

Impaired DM

- **IFG:** (6.1-7.0 mmol)
- **IGT :** (7.8-11.1 mmol/l, 2h after 75g)
- **First step:** One-hour 50-g glucose challenge test; venous plasma glucose is measured one hour later (at 24–20 weeks). Values ≥ 140 mg/dL are considered abnormal.
- **Next step:** Confirm with an oral three-hour (100-g) glucose tolerance test showing any two of the following: fasting > 95 mg/dL; one hour > 180 mg/ dL; two hours > 155 mg/dL; three hours > 140 mg/dL.

111. Breech presentation, 34 weeks treatment option:

- a) **External cephalic**
- b) Internal cephalic
- c) Wait
- d) Induction

112. Post-partum hemorrhage happens more commonly with:

- a) **Multiple pregnancies.**
- b) Anemia.
- c) Preterm delivery.
- d) Antithrombin III deficiency

113. Post D&C the most common site of perforation is the:

- a) **Fundus.**
- b) Anterior wall of the corpus.
- c) posterior wall of the corpus
- d) lat. Wall of the corpus
- e) Cervix

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114. What is the most complication after hysterectomy?

- a) Ureteral injury
- b) Pulmonary embolism
- c) **Hemorrhage**

☐ **Note:**

- **Hemorrhage:** Average intraoperative blood loss is 400 mL. Excessive bleeding complicates 1 to 3 percent of hysterectomy
- **Infection:** Approximately one-third of women undergoing abdominal hysterectomy without antibiotic prophylaxis develop postoperative fever; there is no obvious source in 50 percent
- **Thromboembolic disease:** The risk of thromboembolism after abdominal hysterectomy in low and high risk patients is 0.2 and 2.4 percent
- **Ureteral injuries:** In one retrospective study including over 62,000 hysterectomies, the total incidence of ureteral injury after all hysterectomies was 1.0 of 1000 procedures: 13.9 of 1000 after laparoscopic, 0.4 of 1000 after total abdominal

115. Couples are trying to have baby for 3 months.

- a) **Try more**
- b) Semen analysis

116. 34 years female with HIV, pap smear negative, about cervical cancer screening :

- a) After 3m if negative repeat after 6m
- b) **After 6 months if negative repeat annually**
- c) After 1y if negative repeat annually

- **Note:** PAP screening should begin within three years of the onset of sexual activity or at the age of 21 in a patient with an uncertain history of sexual activity.
- **HIV+ patients should be screened every six months during their first year of diagnosis and then yearly if the initial tests are negative.**

117. 16 weeks of gestation presented with (++) glycosuria, FBS 4.4, 1 hours PB= 8, 2 hours PB= 7.2 a)

Renal glycosuria.

- b) GDM.
- c) KM syndrome

- **Note:** Renal glucosuria is the excretion of glucose in the urine in detectable amounts at normal blood glucose concentrations or in the absence of hyperglycemia.

- In general, renal glucosuria is a benign condition and does not require any specific therapy. Glucosuria may be associated with tubular disorders such as Fanconi syndrome, cystinosis, Wilson disease, hereditary tyrosinemia, or oculocerebrorenal syndrome (Lowe syndrome).

118. Primi at 35 weeks of gestation with pre-eclampsia, BP is high with ankle edema, the best to be done is:

- a) Diuretic.
- b) Low salt diet.
- c) Labetolol.
- d) Immediate delivery.
- e) **Maternal-fetal monitoring with continuous hospitalization.**

- **Note:** Children of mothers with hypertension in pregnancy plus diuretic treatment in the third trimester were at significantly increased risk of developing schizophrenia. ☐ **Labetalol** is contraindicated in pregnancy.
- Aim for delivery when the pregnancy is at term.

119. Most common site of gonococcus infection in females in:

- a) **Cervix**
 - b) Posterior fornix.
 - c) Urethra.
- The first place this bacterium infects is usually the columnar epithelium of the urethra and endo cervix.
 - Non-genital sites in which it thrives are in the rectum, oropharynx and the conjunctivae.
 - The vulva and vagina are usually spared because they are lined by stratified epithelial cells.

120. It is contraindication to stop preterm delivery in the following condition: a)

- aminochorionitis.
- b) placenta abruption
- c) Preeclampsia.
- d) **A&b.**

121. A 34 weeks GA lady presented with vaginal bleeding of an amount more of that of her normal cycle. on examination uterine contracts every 4 min, bulged membrane, the cervix is 3 cm dilated, fetus is in a high transverse lie and the placenta is on the posterior fundus. US showed translucency behind the placenta and the CTG showed FHR of 170, the best line of management is:

- a) **C/S immediately.**
- b) Give oxytocin.
- c) Do rupture of the membrane.
- d) Amniocentesis.

122. Before you start instrumental delivery it is important to check if there is:

- a) Face presentation.
- b) **CPD (cephalopelvic disproportion)**
- c) Breech presentation.
- d) Cord prolapse

123. In occipito-posterior malpositioning of the fetal head, all of the following

are true except: a) 10% of all vertex deliveries.

- b) It causes significant delay of labor duration compared to the anterior presentation.
- c) Android pelvis is predisposing factor.
- d) **Flexion of the head helps the rotation to the anterior position.**

124. 25 years old female patient who is with 2ry amenorrhea, her prolactin level is 400 ng/ml. the probability to have pituitary prolactin secreting adenoma is:

- a) <25
- b) 25-49
- c) **50-74**
- d) 75-85
- e) >85

- Prolactin levels in excess of 200 ng/mL are not observed except in the case of prolactin-secreting pituitary adenoma (prolactinoma).
- In 50 % of those having high prolactin levels there is radiological changes in the sella turcica

125. Which of the following not compatible with head engagement:

- a) vertex at zero station
- b) crowning of the head
- c) **3/5 head felt in the abdomen**
- d) BPD at ischial spines

☐ When the fetal head is engaged, 2/5 or less of the head is palpable above the pelvic

126. Female with recently inserted IUCD coming with watery brownish vaginal discharge & abdominal pain what is the most likely diagnosis?

- a) Uterine rupture
- b) Ovarian torsion
- c) **Bacterial vaginosis**
- d) Ectopic pregnancy

127. What is an absolute contraindication of OCP :

- a) **History of previous DVT**
- b) Ovarian cancer
- c) Breast cancer

☐ Both history of DVT and breast cancer are absolute contraindication, but in history DVT is more accurate.

128. First sign of magnesium sulfate toxicity is :

- a) **Loss of deep tendon reflex**
- b) Hypotension
- c) flaccid paralysis
- d) respiratory failure

129. Regarding weight gain in pregnancy what is true :

- a) **Pregnant woman should consume an average calorie 300-500 per day**
- b) Regardless her BMI or body weight she should gain from 1.5 – 3 lb which represent the baby's growth

☐ Note: Weight gain during pregnancy:

- 100 – 300 Kcal / day , 500 Kcal / day in breastfeeding
- Weight gain: 1 – 1.5 kg / month, 11 – 16 kg gain during pregnancy.

130. Regarding postpartum Psychosis:

- a) Recurrences are common in subsequent pregnancies
- b) It often progresses to frank schizophrenia
- c) It has good prognosis
- d) It has insidious onset
- e) It usually develops around the 3rd week postpartum

131. A pregnant female develops lesions on the vulva and vagina and she was diagnosed as genital herpes, what should be included in her future health care?

- a) Cesarean section should be done if the lesions did not disappear before 2 weeks of delivery date
 - b) Oral acyclovir to treat herpes
 - c) Termination of pregnancy because of the risk of fetal malformations
 - d) Avoidance of sexual intercourse for 1 month after the healing of the lesions
- HSV in pregnant treated by: oral acyclovir 400 mg TID for 5-7 days.
 - if HSV was present at time of labor: c\section

132. Female patient on the 3rd week postpartum. She says to the physician that she frequently visualizes snakes crawling to her baby's bed. She knows that it is impossible but she cannot remove the idea from her head. She says she wakes up around 50 times at night to check her baby. This problem prevents her from getting good sleep and it started to affect her marriage. What is this problem she is experiencing? a)

- An obsession
- b) A hallucination
- c) A postpartum psychosis
- d) A Delusion

133. Regarding postpartum depression, what is the most appropriate intervention to reduce the symptoms?

- a) Include family in the therapy
- b) Isolation therapy
- c) Add very low doses of imipramine
- d) Encourage breast feeding

134. Pregnant lady delivered Anencephaly still birth occurrence of neural tube defect in next pregnancy a)
8%

- b) 2%
- c) 10%
- d) 20%

135. Young pregnant lady (Primigravida), 32 weeks of gestation came to you C/O: lower limbs swelling for two weeks duration, She went to another hospital and she was prescribed (thiazide & loop diuretic)...

- O/E: BP: 120/70, mild edema, urine dipstick: -ve and otherwise normal, The best action is :**
- a) continue thiazide & stop loop diuretic
 - b) cont. loop diuretic & stop thiazide
 - c) Stop both
 - d) continue both and add potassium sparing diuretic

- e) cont. both & add potassium supplement

136. 38 years old female came to you at your office and her pap smear report was unsatisfactory for evaluation, the best action is :

- a) Consider it normal & D/C the pt.
- b) Repeat it immediately
- c) Repeat it as soon as possible
- d) Repeat it after 6 months if considered low risk
- e) **Repeat it after 1 year if no risk**

137. Placenta previa all true except :

- a) Pain less vaginal bleeding
- b) **Tone increased of uterus**
- c) Lower segmental abnormality
- d) Early 3rd trimester

138. 8 weeks Primigravida came to you with nausea & vomiting, choose the statement that guide you to hyperemesis gravidarm:

- a) **ketonia**
- b) ECG evidence of hypokalemia
- c) Metabolic acidosis
- d) Elevated liver enzyme
- e) Jaundice

☐ **Note:** Laboratory findings include ketonuria, increased urine specific gravity, elevated hematocrit and BUN level , Hyponatremia ,Hypokalemia , Hypochloremia ,Metabolic alkalosis

139. Pregnant women G4P3+1, 10 weeks of gestational age came to you with IUCD inserted & the string is out from O.S what is the most important measure :

- a) leave the IUCD & give A.B
- b) **leave the IUCD & send to Ob/ Gynaecologist to remove**
- c) leave the IUCD
- d) Do laparoscopy to see if there is ectopic pregnancy.
- e) Reassurance the patient

140. Pregnancy test positive after :

- a) one day post coital
- b) 10 day after loss menstrual cycle
- c) **One week after loss menstrual cycle**
- d) **Positive 1 week before the expected menstruation**

141. 20 year lady come to ER with history of right sever lower abdominal pain with history of amenorrhea for about 6 weeks the most serious diagnosis of your deferential diagnosis could reach by: a) CBC

- b) ESR
- c) **U/S of the pelvis**

- d) Plain X-ray
- e) Vaginal swab for C&S

142. 20 years old married lady presented with history of left lower abdominal pain & amenorrhea for 6 weeks. The most appropriate investigation to rule out serious diagnosis is: a) CBC

- b) ESR
- c) **Pelvic US**
- d) abdominal XR
- e) Vaginal swab for culture & sensitivity.

143. 45 year old female complaining of itching in genitalia for certain period, a febrile, -ve PMH, living happily with her husband since 20 year ago on examination no abdominal tenderness, erythema on lower vagina, mild Gray discharge, no history of UTI or pyelonephritis, Most probable diagnosis: a)

Vaginitis

- b) Cystitis
- c) CA of vagina
- d) Urethritis

☐ **Types of vaginitis :**

- Bacterial Vaginosis → Gardnerella
- Vaginal candidiasis → Candida
- Trichomoniasis → Trichomonas vaginitis

144. 35 years G4P2+1, 1year history of irregular heavy bleeding O/E WNL, the most Dx is: a)

Early menopause

- b) Nervous uterus
- c) Dysmenorrhea
- d) **DUB**
- e) Endometriosis

145. All are true about ectopic pregnancy except:

- a) **ovarian site at 20%**
- b) cause of death in 1st trimester
- c) doubling time of B-hCG
- d) can be diagnosed by laparoscopy
- e) empty uterus + HCG before 12 weeks is diagnostic

146. Non-hormonal treatment for post-menopausal flushing?

- a) **Paroxetine (sure 100%)**
- b) Black cohosh (not sure about the spelling)
- c) Something estrogen
- d) Amlodipine
- e) Nortriptyline

147. Concern obstructed labor one is true:

- a) Common in primigravida
- b) Common in occipito-anterior position
- c) **Caput succedaneum and excessive molding are usual signs**
- d) Easily to be diagnosed before onset of Labor

e) Oxytocin is used to induced Labor

148. Hyperprolactinemia associated with all of the following except: a)

Pregnancy

b) Acromegaly

c) **OCP**

d) Hypothyroidism

- Pregnancy, breastfeeding, mental stress, sleep, hypothyroidism, Use of prescription drugs is the most common cause of hyperprolactinaemia.
- In men, the most common symptoms of hyperprolactinaemia are decreased libido, erectile dysfunction, infertility and Gynecomastia

149. Pregnant teacher in her 20 weeks of pregnancy reported 2 of her students developed meningitis.

Prophylactic treatment:

a) Observe for signs of meningitis

b) Meningitis polysaccharide vaccine

c) Ciprofloxacin (500)mg OP once (contraindicated)

d) Ceftriaxone 250)mg IM (or IV) once

e) **Rifampicin (600) mg BID for 2 days**

150. All of the following are causes of intrauterine growth restriction (IUGR) except: a)

Toxoplasmosis

b) CMV

c) Rubella

d) **HSV II**

e) Syphilis

151. what is most common cause of death in the first trimester:

a) **Ectopic pregnancy**

152. Pregnant lady 28 weeks with Chlamydia infection :

a) Azithromycin

b) **Erythromycin in pregnant best – treat partners if amox (best)**

c) Doxycyline

☐ Erythromycin, 500 mg four times daily for seven days, is the treatment of choice during pregnancy & lactation

153. Female patient present with itching in the vagina associated with the vaginal discharge, PH:5 , no trichomoniasis infection , pseudohyphae by culture diagnosis :

a) physiological discharge

b) **Candida infection**

☐ Yeast can form pseudohyphae

- 154. Primigravida with whitish discharge the microscopic finding showed pseudohyphae the treatment is:** a) Meconazole cream applied locally
 b) Tetracycline
 c) Metronidazole
 d) Cephtriaxone
- 155. Female with monilial vaginal discharge the treatment is:**
 a) Meconazole cream for 7 days
 b) Fluconazole orally for one day
 c) Metronidazole orally for 7 days
- 156. Female patient present with thick vaginal discharge color, no itching, vaginal examination by speculum normal, PH: 4, what is the diagnosis?**
 a) Physiological discharge
- 157. Pregnant women present with a mass in her mouth bleeding when brush her teeth by examination mass 3x2 cm, what is the diagnosis?**
 a) Aphthous ulcer.
 b) cancer
 c) Granuloma
- **Pyogenic granuloma** during pregnancy, the form considered as a pregnancy tumor because of its emergence in the mouth area
 - Pyogenic granuloma (also known as Eruptive hemangioma, Granulation tissue-type hemangioma, Granuloma gravidarum, Lobular capillary hemangioma, Pregnancy tumor, Tumor of pregnancy
 - **NO treatments**
- 158. Young lady with pelvic pain and menorrhagia examination showed uterine mass, what is the diagnosis?**
 a) Uterine fibroid
 b) Adenomyosis
 c) Endometriosis
- 159. Post-partum hemorrhage management :**
 a) Oxytocin infusion
 b) Misoprostol
- 160. 38 weeks pregnant lady with placenta previa marginal with mild bleeding ,cervix 2cm , How to manage :**
 a) CS
 b) Spontaneous delivery
 c) Forceps delivery
 d) Do amniotomy
- 161. Female patient with hiatal hernia, which of the following correct?**
 a) It became more severe in pregnancy

162. Which heart condition is tolerable during pregnancy :

- a) Eisenmenger syndrome
- b) Aortic stenosis
- c) Severe mitral regurgitation
- d) Dilated cardiomyopathy with EF 20%
- e) Mitral stenosis and the mitral area is 1cm (or mm).

163. Cervicitis + strawberry cervix + mucopurulent yellow discharge Cervix eroded + friable, what is the diagnosis?

- a) Trichomonas vaginitis
- b) Chlamydia
- c) Neisseria gonorrhea

164. Female patient with hirsutism, obesity, infertility. US show multiple ovarian follicles. Dx: a)

- a) Klinefelter's syndrome
- b) Asherman's syndrome
- c) Kallman syndrome
- d) Stein-leventhal syndrome (other name of PCO)

165. Female young with few tear vesicles on rose red base and painful on valve : a)

- a) Syphilis
- b) HSV
- c) Chancroid

166. Women 52 years old complaint of loss of libido, dry vagina, loss of concentration, weight gain since 10 months or days, affect marital state, you will give her :

- a) Estrogen
- b) Progesterone
- c) Fluxatine

167. Female takes OCPs come with skin changes on the face :

- a) lupus lipura
- b) Melasma

168. The most dangerous condition in menopause is:

- a) Ovarian cancer
- b) Endometrial cancer
- c) **Osteoporosis**

169. Pregnant lady underwent U/S which showed anteriolateral placenta. Vaginal exam the examiner's finger can't reach the placenta:

- a) Low lying placenta
- b) Placenta previa totalis
- c) Placenta previa marginalis
- d) Placenta previa partialis
- e) Normal placenta

170. 20 years old age sexual active suffer from pain during intercourse and when do urine analysis was gram negative diplococci intracellular diagnosis is :

- a) Gonococcal sexual transmitted disease

171. Most lethal infection for a pregnant woman:

- a) Toxoplasmosis
- b) HIV
- c) Rubella
- d) Measles

172. 32 years old have 2 children, done a pap smear that showed atypical Squamous , what it is the next step?

- a) Cone biopsy
- b) Direct biopsy
- c) Colposcopy

173. Patient complain of Dysmenorrhea + Amenorrhea , diagnosis :

- a) Endometriosis
- b) Endometritis
- c) Polyp

174. Which of the following oral contraceptive drugs cause hyperkalemia: a)

- Normethadone
- b) Ethinyl estradiol
- c) Seradiole

175. Early pregnant come to your clinic, which of the following is most beneficial to do : a)

- CBC
- b) urine pregnancy test
- c) US
- d) MRI
- e) blood grouping and Rh

176. Question about spontaneous abortion :

- a) 30-40% of pregnancies end with miscarriage
- b) Most of them happen in the second trimester
- c) Cervical assessment must be done

177. About fetal alcohol syndrome:

- a) Placenta inhibit the passage of alcohol
- b) Will cause fetal retardation and facial features and other Symptoms
- c) It's safe to drink wine and hard something once a week

178. Secondary amenorrhea :

- a) Due to gonadal agenesis
- b) Sheehan's syndrome
- c) It is always pathological

179. Patient with herpes in vagina, what is true:

- a) Pap smear every 3 year
- b) **CS delivery if infection 2 weeks before delivery**

☐ If before (acyclovir). if at time of delivery (C-S)

180. Female with atypical Squamous cells of undetermined significance (ASCUS) on pap smear, started 30 day treatment with estrogen & told her to come back after 1 week, & still +ve again on pap smear, what's next a) vaginal biopsy

- b) **Endometrial biopsy**
- c) syphilis serology

181. female complain of post-coital bleeding was found to have cervical tumors on examination, the next step is:

- a) Cone biopsy
- b) Pap smear
- c) **Directed biopsy**

182. The most common antecedent cause of ectopic pregnancy is: a)

- Salpingitis.**
- b) Congenitally anomalous tube.
- c) Endometriosis.
- d) Tubal surgery.
- e) Previous sterilization.

183. pregnant with uterine fibroid , has no symptoms only abdominal Pain , US showed live fetus What is the appropriate action to do:

- a) Myomectomy
- b) Hysteroectomy
- c) Pain management
- d) Pregnancy termination

184. Female with dysuria, urgency and small amount of urine passed .she received several courses of AB over the last months but no improvement, all investigations done urine analysis and culture with CBC are normal , you should consider:

- a) Interstitial cystitis
- b) DM
- c) Cervical erosion
- d) Candida albicans

185. The drug which is used in seizures of eclamptic origin (pre eclampsia)

- a) Magnesium sulfate
- b) Diazepam
- c) Phenytoin
- d) Phenobarbital

186. Female pregnant previously she have DVT you will now give her: a)

Warfarin

- b) Heparin
- c) Aspirin
- d) Enoxaparin

187. Pregnant with HIV , the most accurate statement regarding risk of transmission of HIV to the baby :

- a) Likely transmit through placenta
- b) Through blood cord
- c) Hand contamination of mother
- d) By breast feeding

188. Pregnant on iron supplementation throughout her pregnancy for her anemia, now she comes complaining of weakness and easy fatigability Her Hemoglobin 7, MCV 60, what is the diagnosis? a)

- a) Iron deficiency Anemia
- b) Hypothyroidism
- c) Vitamin B12 deficiency
- d) Beta thalassemia

189. Pregnant developed sudden left leg swelling, best management is: a)

Duplex

- b) Rest
- c) Heparin

☐ All are true

190. Female complain of hypotension after she had CS operation what is the management a)

IV heparin and do CT scan for PE

b) Broad spectrum antibiotic

191. 14 years old Female complain of irregular bleeding, examination is normal sexual character , normal vagina what to tell her

a) **If pregnancy test and blood is normal this is not a physical illness**

b) Take FSH ,LH test

241

192. Patient female giving history of menorrhagia since last 3 month, her HB 8 What is the first action to do: a)
Endometrial biopsy

b) **Hospitalization for blood transfusion**

193. Lady came with severe bleeding she is Nulligravida HB is 10 by exam there is blood on vagina management will be :

a) **High dose of oral combined oral contraceptive pills**

b) High dose of NSAID

c) Blood transfusion

☐ Estrogens usually control severe acute bleeding quickly. However, when estrogens fail to control it, dilation and curettage, or a D & C, is sometimes necessary

194. Patient before menstruation by 2-3 days present with depressed mood that disappear by 2-3 day after the beginning of menstruation, Diagnosis?

a) **Premenstrual dysphoric disorder if severe symptoms or premenstrual syndrome**

195. Scenario about premenstrual depression syndrome :

☐ **Note:**

- **Premenstrual syndrome** : define as a symptoms complex of physiological emotional symptoms sever enough to interfere with everyday life and occur cyclical during luteal phase of menses
- **Premenstrual dysphoric disorder**: is a severe form of premenstrual syndrome characterized by severe recurrent depressive and anxiety symptoms with premenstrual (luteal phase) onset that remit a few days after the start of menses.

196. Female presented with vaginal discharge, itching, and on microscope showed mycoleous cells and spores. This medical condition is most likely to be associated with: a) TB

b) **Diabetes**

c) Rheumatoid Arthritis

☐ Vaginal thrush is a common infection caused by yeast called *Candida albicans*. Vulvovaginal candidiasis is usually secondary to overgrowth of normal flora Candida species in the vagina. Conditions that interrupt the balance of normal vaginal flora include: antibiotic use, oral contraceptives, contraceptive devices, high estrogen levels, and immunocompromised states such as diabetes mellitus and HIV. Women are prone to vaginal thrush between puberty and the menopause because, under the influence of the

hormone estrogen, the cells lining the vagina produce a sugar and yeasts which *Candida albicans* are attracted to. That is why thrush is rare before puberty.

197. Old female with itching of vulva ,by examination there is pale and thin vagina , no discharge .what is management :

- a) **Estrogen cream**
- b) Corticosteroid cream
- c) Fluconazole

☐ **The most common menopause prescriptions include:**

- **Hormone replacement therapy or anti-depressants** to minimize hot flashes.
- **Fosamax or Actonel** (non-hormonal medications) to reduce bone loss and reduce the risk of fractures.
- **Selective estrogen receptor modulators (SERMs)**, which mimic estrogen's beneficial effects on bone density.
- **Vaginal estrogen**, administered locally, to relieve vaginal dryness and discomfort during intercourse

198. Methylergometrine is in:

- a) **Maternal HTN**

199. Trichomoniasis :

- a) Associated with cytological abnormalities on PAP smear
- b) Associated with pregnancy and diabetes mellitus
- c) **Is a sexually transmitted parasite which causes pruritic discharge**
- d) May cause overt warts
- e) Is diagnosed on a wet smear which reveals clue cells

☐ **Note:**

- **Trichomoniasis** is a sexually transmitted protozoal infection.
- It's the most common curable sexually transmitted disease
- Causes a yellow-green, malodorous, diffuse discharge in addition to dysuria, frequency, ptychiae on vagina and cervix, irritated and tender vulva.
- Saline (wet mount) will show motile flagellated organisms, WBCs and inflammatory cells.
- Treatment 2 gm metronidazole single dose P.O. (same for pregnancy) treat partner.

200. Pregnant women has allergy against Sulfa, penicillin and another drug , which drug safe for her a)

Nitrofurantoin

- b) Cimetidine
- c) Ciprofloxacin
- d) Trimethoprim

201. female with negative pap smear you should advice to repeat pap smear every: a)

- 6m
- b) **12m**
- c) 18m
- d) no repeat

☐ **Screening Pap smears:**

- Starting at age 21 years or no more than 3 years after becoming sexually active.
- Women > 30 years who have three consecutive normal tests screening (1 / 3 years).
- Screening should be discontinuing for women > 60-70 years who have had 3 or more normal Pap smear

202. Pregnant woman with UTI which is the best antibiotics to be given if she has no allergy? a)

Nitrofurantoin

- b) Ampicillin
- c) Sulfatrimethoprim
- d) Tetracyclin
- e) Aminoglycoside

203. Lady, multipara, with 1 y history of stress incontinence your treatment? a)

Bulking of floor

- b) Koplex Exercise

☐ The answer is kegel exercise (got 5\5 in gyne)

204. Which of following increase during pregnancy?

- a) **Tidal Volume**
- b) Functional residual volume
- c) Total lung Capacity
- d) Residual volume
- e) Dead Lung Space

205. In pregnancy

- a) Cardiac output will decrease
- b) **Cardiac output will increase more than non pregnant (true)**

206. Old age women she did a Pap smear which was negative then after 7 years she did another Pap smear which show Squamous metaplasia undifferentiated, So what your next step ?

- a) Repeat a Pap smear after 1 year
- b) HPV testing
- c) **Colposcopy**

207. 62 years old female complaining of pruritis of pupic area, with bloody discharge she use many treatment but no improvement, then she developed pea shape mass in her labia, she went to you to show you this mass what will come to your mind as diagnosis a) **Bartholin's cyst**

- b) Bartholin's gland carcinoma
- c) Bartholin's gland masses

☐ Bartholin's cyst is formed when a Bartholin's gland is blocked, causing a fluid-filled cyst to develop. A Bartholin's cyst, it can be caused by an infection, inflammation, or physical blockage to the Bartholin's ducts. If infection sets in, the result is a Bartholin's abscess. If the infection is severe or repeated a surgical procedure known as marsupialization

208. The most common causes of precocious puberty

- a) **Idiopathic**
- b) Functional ovary cysts
- c) Ovary tumor
- d) Brain tumor
- e) Adenoma

209. Lactating women 10 days after delivery developed fever, malaise, chills tender left breast with hotness and small nodule in upper outer quadrant with axillary LN. Leucocytic count was $14 \times 10^9/L$ dx: a)
Inflammatory breast cancer

- b) **Breast abscess**
- c) Fibrocystic disease

210. Not use in the prevention of preeclampsia with + protein urea & LL edema : a)
Admission & bed rest

- b) **Diuretics**
- c) Non-stress test
- d) Regular sonogram of baby

211. Women complain of non-fluctuated tender cyst for the vulva. came pain in coitus & walking , diagnosed Bartholin's cyst, what is the treatment?

- a) **incision & drainage**
- b) refer to the surgery to excision (after you reassure her)
- c) reassurance the patient
- d) give AB

212. Pregnant patient want to take varicella vaccine, what you will tell her? a)
That is a live vaccine
b) It is ok to take it

213. Pregnant lady has history of 2M pregnancy gestation, in investigations increase β -HCG, no fetal parts in U/S, what is diagnosis?

- a) **Trophoblastic disease**

214. Pregnant lady in 3rd trimester DM on insulin, patient compliance to medication but has hyperglycemic attacks, the common complication on fetus is:

- a) hyperglycemia
- b) **hypoglycemia**
- c) hypocalcaemia
- d) hyponatremia

215. Pregnant lady 16 w GA on U/S fetus small for age, P/E uterus size 12w, what is the diagnosis: a)
Chorionic carcinoma

- b) Hydatiform mole
- c) Tumor at placenta

☐ All are false

216. Not correct during management of labor:

- a) Intensity of uterine contractions can be monitored manually.
- b) Maternal vital signs can vary relative to uterine contractions.
- c) Food & oral fluid should be withheld during active labor
- d) **Advisable to administer enema upon admission**
- e) IVF should be administered upon admission

217. What requirements must be fulfilled before instrumental delivery can be performed? a)

Trained operator

- b) Legitimate indication
- c) **Cervix fully dilated**

☐ Rare exception = in multiple before 10cm dilation if fetal distress

218. In a vesicular mole:

- a) B-hCG is lower than normal
- b) fundal height in lower than normal
- c) fetal heart can be detected
- d) **Ovarian cyst is a common association**
- e) hypothyroid symptoms may occur

219. Which of the following tests is mandatory for all pregnant women? a)

HIV

- b) Hepatitis B surface antigen
- c) VDRL (venereal disease research laboratory)
- d) **all of them are mandatory**

220. Which of the following suggests enormous ovarian cyst more than ascites? a)

Fluid wave

- b) Decrease bowel motion
- c) Shifting dullness
- d) Tympanic central, dullness lateral
- e) **Dullness central, tympanic lateral**

221. Perinatal asphyxia caused by all EXCEPT :

- a) Abruptio placenta
- b) **Hyper emesis gravidium**
- c) Pre-eclampsia

222. All of the following is true about IUGR except:

- a) **Asymmetric IUGR is usually due to congenital anomalies**
- b) IUGR babies are more prone to meconium aspiration and asphyxia

- c) Inaccurate dating can cause misdiagnosed IUGR

☐ **Note:** In most cases of IUGR, especially those due to primary placental insufficiency, the fetal abdomen is small, but the head and extremities are normal or near normal. This finding is known as the head-sparing effect. In cases of severe, early-onset IUGR, those due to chromosomal anomalies, the fetus tends to be more symmetrically small

223. Healthy 28 years old lady P1+0 presented to you with 6 months amenorrhea. What is the most likely cause for her amenorrhea?

- a) **Pregnancy (the most common cause of 2nd amenorrhea is pregnancy)**
b) Turner syndrome (cannot be, bcz they have ovarian dysgenesis → infertility)

224. Action of contraceptive pills:

- a) Inhibition of estrogen and then ovulation
b) Inhibition of prolactin then ovulation
c) Inhibition of protozoa by change in cervical mucosa
d) **Inhibition of midcycle gonadotropins then ovulation**
e) Inhibition of implantation of the embryo

225. Anti D Immunoglobulin, not given to a pregnant if :

- a) 25- 28 wk
b) **anti D Ab titer of 1:8**
c) after amniocentesis
d) after antepartum hemorrhage
e) after chorion villi biopsy

- **Note:** Anti-D is routinely given to un-sensitized mothers at 28 and 34 wks of gestation
- Fetomaternal hemorrhage sensitizes susceptible mothers to develop anti-D antibodies (e.g. Birth, Miscarriage, abortion, amniocentesis, vaginal bleeding, external cephalic version ..etc)
- Indications for Anti-D The initial response to D antigen is slow sometimes taking as long as 6 months to develop (rising titers)

226. Blockage of first stage labor pain by :

- a) **block of the lumbosacral plexus afferent**
b) block of the lumbosacral plexus efferent
c) block of the pudendal nerve
d) block of sacral plexus

227. Pregnant with vaginal bleeding 2-3 hrs at 36 weeks gestational age has 3 NVD. Important to ask: a)

Smoking

- b) intercourse

228. Dyspareunia caused by all of the following EXCEPT : a)

Cervicitis

- b) Endometriosis

- c) Lack of lubricant
- d) Vaginitis
- e) **Uterine prolapse**

229. Premenstrual tension :

- a) More in the first half of menses
- b) 60% associated with edema
- c) **Associated with eating salty food**
- d) Menorrhagia

- **Premenstrual syndrome (PMS)** is a recurrent luteal phase condition (2nd half of menses) characterized by physical, psychological, and behavioral changes of sufficient severity to result in deterioration of interpersonal relationships and normal activity

- **The most common signs and symptoms** associated with premenstrual syndrome include:

(1) Emotional and behavioral symptoms

- Tension or anxiety Depressed mood Crying spells Mood swings and irritability or anger Appetite changes and food cravings Trouble falling asleep (insomnia)
- Social withdrawal
- Poor concentration

(2) Physical signs and symptoms

- Joint or muscle pain Headache Fatigue Weight gain from fluid retention Abdominal bloating ➤ Breast tenderness
- Acne flare-ups
- Constipation or diarrhea
- One study has shown that women with PMS typically consume more dairy products, refined sugar, and **high-sodium foods** than women without PMS. Therefore, avoidance of salt, caffeine, alcohol, chocolate, and/or simple carbohydrates may improve symptoms.

230. If a pregnant eating well balanced diet, one of the following should be supplied : a)

- Ca++
- b) phosphate
- c) vitamin C
- d) **none of the above**

231. All of the following are normal flora and should not treated, EXCEPT: a)

Trichomonus

- b) candida
- c) E.coli
- d) fragmented bacteria

232. All the following drugs should be avoided in pregnancy EXCEPT: a)

- Na+ Valproate.
- b) Glibenclamide.
- c) **Keflex**
- d) Septrin.

- e) Warfarin.

233. Cord prolapse occurs in all EXCEPT:

- a) Premature rupture of membranes.
- b) Preterm delivery with rupture of membranes.
- c) Oligohydramnios
- d) Head high in pelvis.

234. Breech presentation all true , EXCEPT:

- a) Breech after 36 weeks about 22%
- b) Known to cause intra-cranial hemorrhage
- c) Known with prematurity

235. Sign and symptoms of normal pregnancy, EXCEPT:

- a) Hyperemesis
- b) Hegar sign
- c) Chadwick's sign
- d) Amenorrhea

- **Hegar sign:** softening of the lower uterine segment
- **Chadwick's sign :** bluish discoloration to the cervix and vaginal walls

236. In twins all true, EXCEPT :

- a) Dizygotic more common than monozygotic
- b) In dizygote more twin-to twin transfusion
- c) Physical changes double time than single form
- d) U/S can show twins

237. In lactation all true, EXCEPT:

- a) Sucking stimulate prolactin
- b) Sucking cause release of oxytocin
- c) Milk release decreased by over hydration

238. Patient with postpartum hemorrhage & infertility, all can be found EXCEPT:

- a) Ballooning of sella turcica
- b) Decrease Na
- c) Hypoglycemia
- d) Decreased T4
- e) Decreased iodine uptake

239. Placenta previa, all true EXCEPT:

- a) Shock out of proportion of bleeding
- b) Malpresentation
- c) Head not engaged
- d) Painless bleeding

240. Pelvic inflammatory disease all true EXCEPT:

- a) Infertility
- b) **Endometriosis**
- c) Dyspareunia
- d) Can be treated surgically

241. Recurrent abortion:

- a) **Genetic abnormality "Most Common"**
- b) Uterine abnormality
- c) Thyroid dysfunction
- d) DM
- e) **Increased prolactin "Except"**

242. DIC occur in all ,EXCEPT:

- a) Abruptio placenta
- b) Fetal death
- c) **DM**
- d) Pre-eclampsia

243. Pregnancy induced HTN, all true EXCEPT:

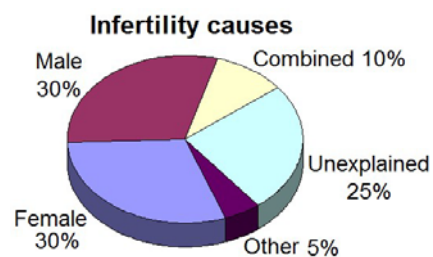
- a) Ankle edema
- b) **Polyuria**
- c) Exaggerated reflex
- d) RUQ pain

244. Pyelonephritis in pregnancy , all true except:

- a) **Gentamycin is drug of choice**
- b) Abruptio placenta should ruled out
- c) E .coli common organism
- d) Should be treated even for asymptomatic

245. Infertility, all true, except:

- a) **Male factor present 24%**
- b) Normal semen analysis is >20,000,000
- c) Idiopathic infertility is 27%
- d) High prolactin could be a cause



☐ In Britain, male factor infertility accounts for 25% of infertile couples, while 25% remain unexplained. 50% are female causes with 25% being due to anovulation and 25% tubal problems/other.

246. The following drug can be used safely during pregnancy: a)

- Seprtin
- b) **Cephalexin**
- c) Tetracycline

- d) Aminoglycoside
- e) Cotrimoxazol

247. Vaginal trichomoniasis, all are true, EXCEPT:

- a) **More in diabetic**
- b) Protozoal infection
- c) Diagnosed by microscopic examination of diluted vaginal smear
- d) Treated by Metronidazole.

248. Primary amenorrhea due to:

- a) Failure of canalization of mullarian duct
- b) Kallmann syndrome
- c) Agenesis
- d) **All of the above**
- e) None of the above

☐ **Primary amenorrhea:**

- No menses by age of 14 and absence of 2ry sexual characteristic
- No menses by age of 16 with presence of 2ry sexual characteristic
- **Causes:** Gonadal dysgenesis 30%, Hypothalamic-pituitary failure e.g Kallmann syndrome (deficient GnRH), congenital absence of uterus (20%) "Agenesis of Mullerian system", Androgen insensitivity (10%),

249. 16 years old pregnant, which of the following is the least likely to be a complication of her pregnancy? a)

- Anemia
- b) Pelvic complication
- c) Toxemia
- d) Low birth weight infant
- e) **Infant mortality**

250. The following are risk factors of puerperal infection EXCEPT:

- a) **Endometriosis**
- b) Cervical laceration
- c) Hemorrhage
- d) Anemia
- e) Retained placenta

☐ **Note:** predisposing factors, such as prolonged and premature rupture of the membranes, prolonged (more than 24 hours) or traumatic labor, cesarean section, frequent or unsanitary vaginal examinations or unsanitary delivery, retained products of conception, hemorrhage, and maternal conditions, such as anemia or dehyilitation from malnutrition

251. Indication of hepatitis during pregnancy is high level of :

- a) WBC
- b) Alkaline phosphatase
- c) **SGOT (AST)**

d) BUN

☐ **LFT during normal pregnancy:** Decrease total protein and albumin. Increase in liver dependant clotting factors. Increase in transport proteins ceruloplasmin, transferrin and globulin. ALP increase by 2-4 folds. AST/ALT should remain normal. Bilirubin should remain normal.

252. Post pill amenorrhea, all true except:

- a) Need full investigation if persist >6 months
- b) Pregnancy should be considered
- c) Prolonged use of contraceptive pill will increase risk of post pill amenorrhea
- d) More common in women who had irregular periods

253. What is true regarding transdermal estrogen and OCP :

- a) Transdermal needs less compliance in comparison to OCP
- b) Transdermal causes more DVT
- c) Transdermal is less effective in contraception in comparison to OCP

254. It should be 5% is the recurrence rate and 20% in monozygotic twin : a)

- 8%
- b) 2%
- c) 10%
- d) 20%

255. Toxemia in pregnancy, all are true EXCEPT:

- a) More in Primigravida than multigravida.
- b) More in multiple pregnancy
- c) Can progress rapidly to toxemia.

- **Toxaemia of pregnancy** is a severe condition that sometimes occurs in the latter weeks of pregnancy.
- It is characterized by high blood pressure; swelling of the hands, feet, and face; and an excessive amount of protein in the urine. If the condition is allowed to worsen, the mother may experience convulsions and coma, and the baby may be stillborn. ☐ **Risk factors:**

- a) Primigravida
- b) Previous experience of gestational hypertension or preeclampsia
- c) Family history of preeclampsia
- d) Multiple gestation
- e) women younger than 20 years and older than age 40
- f) Women who had high blood pressure or kidney disease prior to pregnancy
- g) Obese or have a BMI of 30 or greater

256. Pre-eclampsia :

- a) Commoner in multipara than primigravida
- b) Mostly in diabetic
- c) **Headache and blurred vision**
- d) Progress very fast to eclampsia

257. Infertility due to endometriosis ,Rx:

- a) Progesterone
- b) **Danazol**
- c) Radiotherapy

☐Laparoscopy → the best “surgical treatment”

258. Patient with history of prolonged heavy bleeding 2 hours postpartum, you will give: a)

Ringers lactate

- b) NS
- c) **NS+ packed erythrocytes (PRBC)**

☐Increase in:

- 1) pregnancy Dating error
- 2) multiple fetuses
- 3) placental bleeding
- 4) open neural tube defect
- 5) ventral wall defect (omphalocele - gastroschisis)
- 6) renal anomalies (polycystic or absent kidneys –congenital nephrosis), fetal demise& sacroccocygeal

259. Pregnant patient with hepatitis, diagnosed by:

- Screening: hepatitis surface antigen.
- After screening do liver function tests and hepatitis panel

260. 25 year old pregnant presented with fever and sore throat (in flu season) then she developed nonproductive cough and dyspnea, she was extremely hypoxic, what is the most likely diagnosis? a)

Pseudomonas pneumonia

- b) **Staph pneumonia**
- c) Strept pharyngitis
- d) Viral pneumonia

261. Patient presented with PV bleeding, how can you differentiate between abrupto placenta and spontaneous abortion?

- a) oss discharge
- b) pain
- c) **Gush of blood**

262. 14 years old girl complaining of painless vaginal bleeding for 2-4 days every 3 Weeks to 2 months ranging from spotting to 2 packs per day, she had secondary sexual characteristic 1 year ago and had her menstruation since 6 months on clinical examination she is normal sexual characteristic, normal pelvic exam appropriate action

- a) OCP can be used
- b) You should ask for FSH and prolactin level

263. Women with history of multiple intercourse had ulcer in cervix 1st line investigation : a)

Pap smear

- b) Cervical biopsy
- c) Vaginal douch and follow up after 4 weeks

251

264. 14 years old presented with irregular bleeding per vagina, she started to have 2ndry sexual characters 9 months ago, and menarche 6 months ago. Her menstruation differs from spotting to two pads per day.

She denies sexual activity, stress, and severe exercise. What will you do? a)

If pregnancy test and blood work is normal it's not an illness.

- b) OCP will improve her health

265. Surveillance of patient on hormone replacement therapy includes all of the following except:

- a) Blood pressure.
- b) Breast examination.
- c) Glucose tolerance test.
- d) Pelvic examination.
- e) Endometrial sampling in the presence of abnormal bleeding

266. Age of menopause is predominantly determined by:

- a) Age of menarche.
- b) Number of ovulation.
- c) Body mass index.
- d) Socioeconomic status.
- e) Genetics

267. Pregnant lady with no fetal movement; platelets 75000, what is the diagnosis? a)

Autoimmune pregnancy

☐ **Low platelet levels** → marker for pre-eclampsia, autoimmune diseases such as systemic lupus erythematosus (SLE) and Idiopathic Thrombocytopenia Purpura (ITP) ☐ **Elevated platelet levels** → may indicate thrombocythemia

268. Following evacuation of a molar pregnancy, B-hCG titers will fall to undetectable levels in about 90% of patient within:

- a) 2 weeks
- b) 4 weeks
- c) 8 weeks

260

- d) 10 weeks
- e) **12-16 weeks**

269. 16 years old female presents to your office with a chief complaint of never having had a menstrual period. She had never had a pelvic exam. Physical exam reveals the following: (BP110/70, Pulse 72, weight 60kg & Ht172). The patient appears her stated age. Axillary and pubic hair is scant. Breasts are tanner stage IV. External genitalia are normal female. A mass is palpable within the inguinal canal. Pelvic exam reveals an absent cervix with the vagina ending in a blind pouch. The uterus and ovaries are difficult to delineate. What is the most likely diagnosis?

- a) Hypothalamic amenorrhea.
- b) Prolactin secreting adenoma
- c) Polycystic ovarian syndrome
- d) Turner syndrome
- e) **Androgen insensitivity syndrome**

270. Confirmation of your diagnosis would be most readily obtained by ordering the following test: a)
Diagnostic laparoscopy

- b) Pelvic ultrasound.
- c) Pelvic CT.
- d) **Karyotype**
- e) MRI of pituitary

271. Karyotype is performed on the patient's peripheral blood lymphocytes. The karyotype is most likely is:

- a) 46 XX
- b) 45 X
- c) **46 XY**
- d) 46 XX
- e) 47 XXY

272. The hormone profile in this patient would include all of the following EXCEPT: a)
Elevated LH

- b) Elevated estradiol for a male
- c) Normal to elevated FSH
- d) Normal to slightly elevated testosterone for a male
- e) **Normal testosterone for a female**

273. The inguinal mass most likely represents

- a) uterus
- b) Ovary with arteric follicles
- c) **Testis with hyperplastic leydig cells and no evidence of spermatogenesis**
- d) Herniated sac containing a peritoneal contents

274. The most long term treatment would be:

- a) Total abdominal hysterectomy
- b) **Estrogen replacement therapy**
- c) Androgen replacement therapy
- d) Oophorectomy

275. Without surgery, this patient is at risk to develop:

- a) Gonadoblastoma
- b) **Dysgerminoma**
- c) Neither

276. All of the following are true about this patient except:

- a) H-Y antigen is present
 - b) These patients are always sterile
 - c) Antimullerian hormone is present
 - d) Normal levels of dihydrotestosterone
 - e) **Clitromegaly may develop later in life**
- 30% of women with a Y chromosome do not have virilization
 - Androgen insensitivity (10%), which is also known as MALE pseudohermaphroditism: the genitalia are opposite of the gonads.
 - Breasts are present but a uterus is absent. Such individuals have 46,XY karyotype with a body (incomplete form) that lacks androgen receptors
 - Mullerian inhibitory factor, produced by the testis results in involution of 5th mullerian duct and its derivatives. So there will be an external genitalia development, axillary and pubic hair growth is dependent on androgen stimulation. Because no androgen is recognized by the body, there will be no pubic & axillary hair development.
 - Female breast develops in response to the estrogen normally produced by male testes.
 - **Examination:** normal female phenotype, but no pubic or axillary hair growth, Short blind vaginal pouch, no uterus, cervix or proximal vagina. Undescended testes are palpable in the inguinal canal.
 - **Diagnosis** is confirmed by normal male testosterone levels and a normal male 46,xy karyotype.
 - **Management:** is by neovagina, gonads should be removed and estrogen replacement therapy should be then administered.

277. All of the following result from combined estrogen-progestin replacement therapy except: a)

- Decrease the risk of osteoporosis.
- b) Relief of vasomotor symptoms.
- c) Relief of dyspareunia.
- d) **Increase the risk of coronary artery disease.**
- e) Decrease the risk of coronary artery disease.

☐ Recent controlled, randomized study found HRT may actually prevent the development of heart disease and reduce the incidence of heart attack in women between 50 and 59, but not for older women

278. All of the following are characteristic changes seen in menopause except: a)

- Decrease body fat**
- b) Decrease skin thickness.
- c) Increase facial hair.
- d) Decrease collagen content in the endopelvic fascia.

☐ Changes of menopause include:

- Changes in your menstrual cycle (longer or shorter periods, heavier or lighter periods, or missed periods)
- Hot flashes (sudden rush of heat from your chest to your head). In some months they may occur and in other months they may not.
- Night sweats (hot flashes that happen while you sleep)
- Vaginal dryness
- Sleep problems
- Mood changes (mood swings, depression, irritability)
- Pain during sex
- More urinary infections
- Urinary incontinence
- Less interest in sex
- Increase in body fat around the waist
- Problems with concentration and memory

279. Diagnosis of hydatidiform mole can be made accurately on the basis of: a)

Elevated B-hCG.

- b) **Pelvic U/S.**
- c) Pelvic exam.
- d) Chest radiograph.
- e) Absence of fetal heart tones in a 16 weeks size uterus.

- Diagnosis is based on a typical sonographic “snowstorm” pattern.
- The following findings also support a diagnosis of hydatidiform mole:
 - Absence of a gestational sac, by ultrasound assessment, or absence of fetal heart tones, by Doppler, after 12 weeks.
 - Pregnancy test showing elevated human chorionic gonadotropin (hCG) serum levels greater than 100,000 IU.
 - Development of preeclampsia prior to 20 weeks.
 - Uterine size greater than estimated gestational size.
 - Vaginal bleeding.

280. After the B-hCG titer become undetectable, the patient treated for hydatidiform mole should be followed with monthly titers for a period of:

- a) 3 months
- b) 6 months
- c) **1 year**
- d) 2 years

281. Lady with post coital spotting, dysuria

- a) **Chlamydia**

282. Management of possible ruptured ectopic pregnancy would include all of the following except: a)

Exploratory laparotomy.

- b) Diagnostic laparoscopy followed by observation.
- c) Partial salpingectomy.
- d) Total salpingectomy.

- e) Observation followed by methotrexate

283. 25 year old G3P1 present to the emergency room complaining of lower cramp abdominal pain 6 weeks from her last normal period .She has had significant vaginal bleeding but no passage of tissue, what is the most likely diagnosis?

- a) Incomplete abortion.
- b) Complete abortion.
- c) Missed abortion.
- d) Threatened abortion.
- e) Ectopic pregnancy.

284. The most important step in this pt's evaluation should be:

- a) Sonography
- b) Physical exam.
- c) CBC.
- d) Quantitative B-hCG.
- e) Detailed menstrual history.

285. Transvaginal ultrasonography would most likely reveal:

- a) Fetal heart motion.
- b) An intact gestational sac.
- c) A discrete yolk sac
- d) A thickened endometrium with no gestational sac
- e) Fetal heart motion in the adnexae.

286. Ectopic pregnancy can be ruled out with a high degree of certainty if:

- a) The pt has no adnexal tenderness.
- b) B-hCG level is <6,000.
- c) The uterus measures 6 wk size on bimanual exam.
- d) An intrauterine gestational sac is observed.
- e) Tissue is observed in cervical os

287. Physical exam reveals the uterus to be about 6 weeks size. Vaginal bleeding is scant with no discernible tissue in the cervical os. There are no palpable adnexal masses. The uterus is mildly tender. Ultrasonographic exam does not reveal a gestational sac. Which of the following should be recommended?

- a) Dilatation & curettage.
- b) Culdocentesis.
- c) Observation followed by serial B-HCG determinations.
- d) Diagnostic laparoscopy.
- e) Laparotomy

288. Vomiting in pregnancy, all true except

- a) Hospital admission causes it
- b) More in molar pregnancy

- c) More in pregnancy induced hypertension

289. The most common presenting symptom of ectopic pregnancy is:

- a) Profuse vaginal bleeding.
- b) **Abdominal pain**
- c) Syncope.
- d) Dyspareunia.
- e) Decrease pregnancy associated symptoms.

- **The classic symptoms of ectopic pregnancy are:**

- 1) Abdominal pain
- 2) Amenorrhea
- 3) Vaginal bleeding

- These symptoms can occur in both ruptured and un-ruptured cases. In one representative series of 147 patients with ectopic pregnancy (78 % were ruptured), abdominal pain was a presenting symptom in 99 %, amenorrhea in 74% and vaginal bleeding in 56%

290. If the above patient presented at 8 weeks gestation & pelvic exam revealed unilateral adnexal tenderness w/o discernible mass, consideration should be given:

- a) Observation.
- b) Culdocentesis.
- c) **Laparoscopy.**
- d) Dilatation & curettage.
- e) Laparotomy.

291. The majority of ectopic pregnancies occur in the:

- a) **Ampullary tube**
- b) Ovary.
- c) Isthmic tube.
- d) Cervix.
- e) Fimbriated (distal) tube.

292. If the above described patient has had a previous term pregnancy prior to her current ectopic pregnancy, her chances of subsequent intrauterine pregnancy would be about:

- a) **80%.**
- b) 60%.
- c) 40%.
- d) 20%.
- e) <10%.

☐ Those with previous normal pregnancy have about 80% after their ectopic pregnancy to achieve intrauterine pregnancy. a study of surgical and medical therapy of ectopic pregnancy reported the rates of recurrent ectopic pregnancy after single dose methotrexate, salpingectomy, and linear salpingostomy were 8, 9.8, and 15.4 percent, respectively Women who have had conservative treatment for ectopic pregnancy are at high risk (15 % overall) for recurrence.

293. Syndrome seen in preeclamptic women called HELLP syndrome is characterized by all of the following except:

- a) Elevation of liver enzymes.
- b) Hemolysis.
- c) Low platelet count.
- d) **Prolongation of the prothrombin time.**

☐ **Note:** Thrombocytopenia (<100,000) due to hemolysis, elevated liver enzyme levels, and low platelet count (<150)(HELLP) syndrome

294. A serum progesterone value <5 ng/ml can exclude the diagnosis of a viable pregnancy with a certainty of:

- a) 20%.
- b) 40%.
- c) 60%.
- d) 80%.
- e) **100%.**

☐ A meta-analysis of 26 studies on the performance of a single serum progesterone measurement in the diagnosis of ectopic pregnancy found that a level less than 5 ng/mL (15.9 nmol/L) was highly unlikely to be associated with a viable pregnancy: **only 5 of 1615 patients (0.3 percent) with a viable intrauterine pregnancy had a serum progesterone below this value**

295. In normal pregnancy, the value of B-HCG doubles every : a)

- 2 days.**
- b) 4 days.
- c) 8 days.
- d) 10 days.
- e) 14 days.

- **Note:** Studies in viable intrauterine pregnancies have reported the following changes in serum hCG: **The mean doubling time for the hormone ranges from 1.4 to 2.1 days in early pregnancy.**
- In 85 percent of viable intrauterine pregnancies, the hCG concentration rises by at least 66 percent every 48 hours during the first 40 days of pregnancy; only 15 percent of viable pregnancies have a rate of rise less than this threshold.

296. The most common presenting prodromal sign or symptom in patient with eclampsia is: a)

- RUQ abdominal pain.
- b) Edema.
- c) **Headache.**
- d) Visual disturbance.
- e) Severe hypertension.

297. If a woman with preeclampsia is not treated prophylactically to prevent eclampsia; her risk of seizure is approximately:

- a) 1/10
- b) 1/25
- c) 1/75

- d) **1/200**
- e) 1/500

298. The most consistent finding in patient with eclampsia is:

- a) Hyper reflexia.
- b) 4+ proteinuria.
- c) Generalized edema.
- d) DBP >110mmHg.
- e) **Convulsions.**

☐ **Features of eclampsia include:**

- 1) Seizure or postictal status 100%.
- 2) Headache 80%.
- 3) Generalized edema 50%.
- 4) Vision disturbance 40 %.
- 5) Abdominal pain with nausea 20%.
- 6) Amnesia & other mental status changes.

299. Appropriate responses to an initial eclamptic seizure include all of the following except:

- a) **Attempt to abolish the seizure by administering I.M diazepam.**
- b) Maintain adequate oxygenation.
- c) Administer MgSO₄ by either I.M or I.V route.
- d) Prevent maternal injury.
- e) Monitor the fetal heart rate.

- The goal of management is to limit maternal and fetal morbidity until delivery of the neonate, the only definitive treatment for eclampsia.
- Supportive care for eclampsia consists of close monitoring, invasive if clinically indicated; airway support; adequate oxygenation; anticonvulsant therapy; and BP control.
- Magnesium sulfate is the initial drug administered to terminate seizures. Compared with the traditional drugs used to terminate seizures (e.g., diazepam, phenytoin [Dilantin]), magnesium sulfate has a lower risk of recurrent seizures with non-significant lowering of perinatal morbidity and mortality.

300. Eclampsia occurring prior to 20 weeks gestation is most commonly seen in women with: a)

- History of chronic hypertension.
- b) Multiple gestations.
- c) **Gestational trophoblastic disease (molar pregnancy)**
- d) History of seizure disorder.
- e) History of chronic renal disease.

☐ Eclampsia prior to 20 weeks gestation is rare & should raise the possibility of underlying molar pregnancy or antiphospholipid syndrome.

301. Likely contributory mechanisms of the anticonvulsant action of MgSO₄ include all of the following except:

- a) Neuronal calcium-channel blockade.

- b) Peripheral neuromuscular blockade.
- c) Reversal of cerebral arterial vasoconstrictions.
- d) **Inhibition of platelet aggregation.**
- e) Release of endothelial prostacyclin.

302. Drugs that should be avoided during pregnancy include all of the following except: a)

Cotrimox

- b) **Cephaeline**
- c) Na valproate
- d) Doxycyclin
- e) Glibenclamide

303. Which of the following drugs does not cross the placenta

- a) **Heparin**
- b) Chloramphenicol
- c) Tetracycline
- d) Warfarin
- e) Diazepam
- f) Aspirin

☐ Chloramphenicol causes Gray baby syndrome while tetracycline causes teeth defects in the child, warfarin causes birth defects, and diazepam causes exaggerated reflexes in the newborn. Aspirin causes intracranial bleeding.

304. Pregnancy induced hypertension, all true except:

- a) **Use of birth control pills increases the risk**
- b) Common in primigravida

305. All of the following antihypertensive medications are considered safe for short term use in pregnancy except:

- a) **Captopril**
- b) Methyldopa.
- c) Hydralazine.
- d) Nifedipine.
- e) Labetalol

- **Complications seen with fetuses exposed to captopril: 1)**

Low blood pressure (hypotension)

- 2) Developmental problems with the nervous system
- 3) Developmental problems with the cardiovascular system (this includes the heart and/or blood vessels)
- 4) Developmental problems with the lungs
- 5) Kidney failure
- 6) Deformities of the head and face
- 7) Loss of life.

- **These drugs should be avoided during pregnancy:**

- 1) Alcohol

- 2) Antianxiety agents (fluoxetine is now the drug of choice for anxiety and depression during pregnancy)
- 3) Antineoplastic agents
- 4) Anticoagulants (coumarin derivative like warfarin) but heparin can be used because it does not cross
- 5) Anticonvulsants "Carbamazepine and valproic acid are associated with increased risk for spina bifida"
- 6) Diuretics
- 7) Retinoid

306. Which is true about gonococcal infection?

- a) Less common in females with IUCD.
- b) **Causes permanent tubal blocking.**
- c) No need for laparoscopic for further evaluation.

307. The reason to treat severe chronic hypertension in pregnancy is to decrease the: a)

- Incidence of IUGR.
- b) Incidence of placental abruption.
- c) Incidence of preeclampsia.
- d) **Risk of maternal complication such as stroke.**

- **Risks of severe chronic hypertension in pregnancy affect the mother more. It may include, but are not limited to, the following:**
 - 1) blood pressure increasing
 - 2) congestive heart failure
 - 3) bleeding in the brain
 - 4) kidney failure
 - 5) placental abruption (early detachment of the placenta from the uterus) 6) blood clotting disorder
- **Risks to the fetus and newborn depend on the severity of the disease and may include, but are not limited to, the following:**
 - 1) Intrauterine growth restriction (IUGR) - decreased fetal growth due to poor placental blood flow. 2) pre-term birth (before 37 weeks of pregnancy)
 - 3) stillbirth

308. Risk factors for HSV2 in infants include all the following except:

- a) Cervical transmission is commoner than labial transmission
- b) Maternal first episode is of greater risk for infants
- c) **Maternal antibodies for HSV 1 protects against HSV2.**
- d) Head electrodes increased the risk of infection.

309. Most of the causes of infection

- a) Anemia which is most probably the cause during pregnancy
- b) **Retained placenta**
- c) Hemorrhage during pregnancy
- d) Endometriosis

310. One of the following drugs is safe in pregnancy:

- a) Metronidazole is unsafe in first trimester
- b) Chloramphenicol in last trimester

- c) Erythromycin estolate is safe in all trimesters
- d) Nitrofurantoin

311. Vulvovaginal candidiasis

- a) Cause muco purulent cervicitis
- b) Frequently associated with systemic symptoms
- c) May be diagnosed microscopically by mixing discharge with KOH
- d) Is treated with doxycycline
- e) Is one of sexually transmitted infections

- **Vulvovaginal Candidiasis** : is vulvar pruritis or vulvar burring with abnormal vaginal discharge “thick curdlike”
- Common in pregnant women.
- Local infection (No systemic infection)
- **Diagnosis:** by microscopic Exam with KOH, Culture, Pap smear Vaginal PH < 4.5.
- **Treatment:** by 1st line antifungal oral fluconazole 2nd line * antifungal oral nystatin * Boric acid (locally). (azole drug contraindicate in pregnancy)
- It not sexually transmitted infection it associated with it.

312. Bacterial vaginosis

- a) Is a rare vaginal infection
- b) Is always symptomatic
- c) Is usually associated with profound inflammatory reaction
- d) Causes fishy discharge which results from bacterial amine production
- e) Is treated with clotrimazole

- **Bacterial vaginosis:** shift from a healthy lactobacilli based endogenous flora to anarobically based endogenous flora (rectum is the source of infection).
- Infection in sexual transmitted patient and in patient with vaginitis.
- **Gray white fishy odor vaginal discharge**
- **Diagnosis** by Vaginal PH > 4.5, firm VP microbial identification, Cytology, Absence of lactobacilli in gram stain
- **Treatment** by metronidazole & Clindamycin

313. Non-contraceptive use of combined oral contraception include : a)

- Menorrhagia
- b) Primary dysmenorrheal
- c) Functional small ovarian cyst
- d) All of the above

314. An Rh - woman married to an Rh+ man should receive Rh immune globulin under which of the following conditions?

- a) Ectopic pregnancy
- b) External cephalic version

- c) **Both**
- d) Neither

315. Chlamydia trachomatis infections:

- a) Are commonly manifest as vaginal discharge
 - b) PAP smear usually suggest inflammatory changes
 - c) Infection in the male partner present as urethritis
 - d) May ascend into the upper genital tract resulting in tubal occlusion
 - e) **All of the above**
- **Chlamydia:** Infection by chlamydia trachomatis
 - It is STDs (the commonest)
 - A symptomatic (70%)
 - Symptoms: mucopurulent vaginal discharge, urethral symptoms "dysuria, Pelvic pain pyuria, frequency, Postcoital bleeding and Conjunctivitis in infant ☐ **Diagnosis:** culture, PCR, Direct immature antibody test.
 - **Treatment** by doxycycline / tetracycline / azithromycin.
 - **STDs:**
 - 1) chlamydia
 - 2) gonorrhea
 - 3) genital warts
 - 4) syphilis
 - 5) Herpes simplex of vulva (condylomata accuminata)

316. Progestin only contraceptive pills:

- a) Suppress ovulation
- b) Increase cervical mucus
- c) **Associated with increased incidence of breakthrough bleeding**
- d) **May cause Menorrhagia**

☐ **Progesterone OCP use in** (higher failure rate than combined)

- 1) Postpartum (Breast feeding)
- 2) Women with myocardial disease
- 3) Women with thromboembolic disease
- 4) Women can't tolerate combined OCP (estrogen side effect)

317. An Rh- ABO incompatible mother delivers an Rh+ infant at term and does not receive Rh immune globulin. The probability of detection of anti-D antibody during her next pregnancy is about. a)

2%

- b) 5%
- c) 10%
- d) **16%**
- e) 25%

- **Isoimmunization occur when:**
 - 1) Rh negative women pregnancy with +Rh baby
 - 2) Sensitization events
 - 3) incompatible blood transfusion
 - 4) fetal placental hemorrhage (ectopic pregnancy)
 - 5) any type of abortion
 - 6) Labor and delivery
- Isoimmunization really occur for 1st child

- Risk for next pregnancy is 16% which reduce by Exogenous Rh 1gG given to mother to less than 2%
- Anti Rh 1gG cross the placenta and can cause fetal RBC hemolysis which cause (anemia – CHF – edema – ascitis) and in sever case cause, fetal hydrops or erythroblastosis fetalis

261

318. Possible mechanisms of action of intrauterine contraceptive devices:

- a) Inhibition of implantation
 - b) Alteration of endometrium
 - c) Suppression of ovulation
 - d) **all of the above**
-
- **IUD:** Sterile inflammation of endometrial wall
 - **Mechanism of action 1) Copper**
 - Produce alterations of the uterine environment in terms of a pronounced foreign body reaction. ➤ Disrupting sperm mobility and damaging sperm
 - **2) Progesterone**
 - Reduce menstrual bleeding or prevent menstruation
 - thickened cervical mucus
 - may suppress ovulation ☐
 - **Absolute contraindication:**
 - 1) Pregnancy
 - 2) undiagnosed vaginal bleeding
 - 3) acute or chronic pelvic inflammatory disease
 - 4) risk of STDs
 - 5) Immunosuppressant
 - 6) willsons disease and allergy to copper
 - **Relative contra indication:**
 - 1) Valvular heart disease
 - 2) Past medical history of ectopic pregnancy or PID
 - 3) Presence of prosthesis
 - 4) Abnormality of uterus cavity
 - 5) Sever dysmenorrhea or menorrhoea
 - 6) Cervical stenosis.
 - **Side effect:** intermenstrual bleeding, uterine perforation, PID in 1st days, ↑ ectopic pregnancy, Expulsion, dysmenorrhea and menorrhoea for copper one

319. The class of antibody responsible for hemolytic disease of the newborn is: a)

- IgA
- b) **IgG**
- c) IgM
- d) IgE
- e) IgD

320. All of the following are seen in utero with alloimmune hypdors EXCEPT: a)

- Anemia
- b) Hyperbilirubinemia
- c) Kenicterus
- d) **Extramedullary hematopoiesis**

273

e) Hypoxia

321. The prevalence of gestational diabetes in the general population is about: a)

2%

b) **4%**

c) 8%

d) 15%

e) 20%

☐ **Note:** Some studies mention 2% Prevalence between 2 – 4 but more common is 4%

322. The most common cause of polyhydramnios is:

a) Immune hydrops

b) Nonimmune hydrops

c) Diabetes

d) Factors which impair fetal swallowing

e) **Idiopathic**

- **Polyhydramnios** amniotic volume >2000cc at any stage

- **Causes**

- 1) Idiopathic (most common.

- 2) Type 1 DM

- 3) Multiple gestation 4) Fetal hydrops.

- 5) Chromosomal anomaly

- 6) malformed

- lung 7) duodenal

- atresia ☐

Complication.

- 1) Cord prolapse

- 2) Placental abruption

- 3) Malpresentation

- 4) Preterm labor

- 5) Postpartum hemorrhage.

- **Diagnosis** by amniocentesis

- **Treatment** if it is severe → amniocentesis but mild to moderate → no treatment

323. Generally accepted cutoff values for plasma glucose on the 100g, 3-hour glucose tolerance test in pregnancy (according to the National Diabetes Group) include all of the following EXCEPT: a) **Fasting**

glucose > 90 mg/dl

b) Fasting glucose ≥ 105 mg/dl

c) 1 hour value ≥ 190 mg/dl

d) 2 hour value ≥ 165 mg/dl

e) 3 hour value ≥ 145 mg/dl

- **According to National Diabetes Data Group (NDDG)**

- 50g glucose given for screening at 24 – 28 weeks If plasma glucose

- Gestational diabetes mellitus is diagnosed if two or more of the values (venous serum or plasma glucose levels) are met or exceeded.

Blood sample	
Fasting	105 mg per dL (5.8 mmol per L)
1-hour	190 mg per dL (10.5 mmol per L)
2-hour	165 mg per dL (9.2 mmol per L)
3-hour	145 mg per dL (8.0 mmol per L)

324. Normal pregnancy in the 2nd trimester is characterized by all of the following EXCEPT: a)

Elevated fasting plasma glucose

- b) **Decreased fasting plasma glucose**
- c) Elevated postprandial plasma insulin
- d) Elevated postprandial plasma glucose
- e) Elevated plasma triglycerides

☐ **Note:** FPG in 1st trimester ↓ FPG in 2nd 3ed trimester ↑

325. Gestational diabetes is associated with

- a) Increased risk of spontaneous abortion
- b) Increased risk of fetal cardiac malformation
- c) Increased risk of fetal CHS malformation
- d) Intrauterine growth restriction
- e) Decreased head circumference abdominal circumference ratio

326. Infants of mothers with gestational diabetes have an increased risk of all of the following EXCEPT: a)

Hypoglycemia

- b) Hyperglycemia
- c) Hypocalcemia
- d) Hyperbilirubinemia
- e) Polycythemia

327. Gestational diabetes is associated with an increased risk of all of the following EXCEPT: a)

Cesarean section

- b) Shoulder dystocia
- c) Fetal macrosomia
- d) Intrauterine fetal death
- e) Intrauterine growth restriction

328. Infants of mothers with gestational diabetes are at increased risk of becoming: a)

Obese adults

- b) Type II diabetics
- c) **Neither**
- d) Both

329. Control of gestational diabetes is accomplished with all of the following EXCEPT: a)

Insulin

- b) Diet
- c) Oral hypoglycemic agents
- d) Exercise

☐ **Oral hypoglycemic agents are contraindication in pregnancy.**

330. Compare with Type II diabetes, Type I diabetes is associated with all of the following EXCEPT: a)

Greater incidence of preeclampsia

- b) Greater incidence of preterm delivery
- c) Greater risk of maternal hypoglycemia
- d) Greater risk of maternal diabetic ketoacidosis
- e) Reduced risk of intrauterine growth restriction

331. classical characteristic for genital herpes :

- a) Painful ulcers & vesicles

332. Which of the following is true regarding infertility :

- a) It is Failure to conceive within 6 months.
- b) Male factor > female factors .

a)

- c) It could be due to high prolactin levels
- d) Rare to be due anovulation
- e) Only diagnosed by HSG

333. Post menopause women with itchy pale scaly labia minora :

Lichen simplex chronicus

- 334. 32 years old female patient presented by irregular menses , menses occurs every two months , on examination everything is normal , which of the following is the LEAST important test to ask about first :**
- a) CBC
 - b) Pelvic US
 - c) Coagulation profile
 - d) DHES

☐ The answer as I remember was (Urine pregnancy test) ← not sure but if it was mentioned pick it.

335. Old female came with scales around the areola, she took steroid but no benefit on examination normal and no masses what is your next step?

- a) Antibiotics
- b) anti-fungal

Mammography

336. In Pregnant women :

- a) Sulphonide not cause neonatal jaundice
- b) Methyldopa contraindicate
- c) Reflux esophagitis cause iron anemia

337. 19 years old female with depression anxiety mood swinging affect her life, She experience like this symptom every month before menstruation , What is the most approval treatment :

- a) SSRIs
- b) Progesterone patch
- c) OCP
- d) Progesterone tampon

338. Pregnant lady develop HTN, drug of choice of HTN in pregnancy is? a)

a-methyl dopa

- b) Hydralazine
- c) thiazide
- d) b-blocker

339. 35 years prime 16 week gestation PMH coming for her 1st cheek up she is excited about her pregnancy no hx of any previous disease. Her B/P after since rest 160/100 after one week her B/P is 154/96, Most likely diagnosis :

- a) Pre eclampsia
- b) Chronic HTN
- c) Lable HTN
- d) Chronic HTN with superimposed pre eclampsia
- e) Transit HTN

a)

340. Haemophilus ducreyi asking for give treatment for

- a) all sexual partners
- b) symptomatic sexual partner
- c) family contact

341. what is true about dysfunctional uterine bleeding :

- a) Occur during ovalutory cycles
- b) Adolescent girls can have it
- c) It is most commonly in post menopause

342. Contraception that would affect lactation : Estrogen and progesterone combined pill

343. Cost effective contraceptive method that is temporary : a)
IUD

344. Most common vaginal bleeding :

- a) Menses

345. Female patient with irregular menstrual cycle it comes every other month and lasts 7-8 days with a very heavy bleeding making her to put double pads yet these pads will be soaked completely. The best description is:

- a) Menorrhagia.
- b) Polymenorrhia.
- c) Metrorrhagia.
- d) Metromenorrhagia.

346. Young lady presented with vaginal bleeding and vaginal exam showed a white cervical lesion and a cervical cancer diagnosis was made. The next step:

- a) Cone Biopsy.
- b) Incisional biopsy.
- c) Excisional biopsy.
- d) Colposcopy

347. A 9 months pregnant lady with full cervical dilation and head of the baby is shown, and there is late fetal heart deceleration, you will allow:

- a) Spontaneous delivery.
- b) Forceps delivery.
- c) Vacuum delivery.
- d) C/S.

348. 1st line class of drugs against Postpartum hemorrhage:

- a) Uterine Contractile
- b) Uterine Relaxant

a)

349. Patient with idiopathic anovulation , what drug to give :

- a) **Clomiphene**
- b) Progesteron
- c) LH
- d) FSH

350. Description of PCOs. Mechanism of PCOs :

- a) **Androgen excess**

351. During the third trimester of pregnancy , all of the following changes occur normally except a)

Decrease paco2

- b) **Decrease in wbcs**
- c) Reduced gastric emptying rate
- d) Diminished residual lung volume
- e) Diminished pelvic ligament tension

☐Pregnancy in the final month and labor may be associated with increased WBC levels.

352. 34 year old female 34 weeks , came with vaginal bleeding , previous pregnancies were normal with normal deliveries she is concerned , your first advise would be : Cessation of smoking

a)

353. The physiologic hypervolemia of pregnancy has clinical significance in the management of severely injured , gravid women by:

- a) Reduced the need for blood transfusion.
- b) Increase the risk of pulmonary Edema.
- c) Complicating the management of closed head injury
- d) Reducing the volume of crystalloid required for resuscitation
- e) **Increasing the volume of blood loss to produce maternal hypotension**

- **General approach to the trauma patient:**

The primary initial goal in treating a pregnant trauma victim is to stabilize the mother's condition. The priorities for treatment of an injured pregnant patient remain the same as those for the non-pregnant patient.

- **Primary Survey**

As with any other injured patient, the primary survey of the injured pregnant patient addresses the airway/cervical spine control, breathing and circulation (ABC; volume replacement/hemorrhage control), with the mother receiving treatment priority. Supplemental oxygen is essential to prevent maternal and fetal hypoxia. Severe trauma stimulates maternal catecholamine release, which causes uteroplacental vasoconstriction and compromised fetal circulation. Prevention of aortocaval compression is also essential to optimize maternal and fetal hemodynamics. Pregnant patients beyond 20 weeks' gestation should not be left supine during the initial assessment. Left uterine displacement should be used by tilting the backboard to the left or as a final measure; the uterus can be manually displaced.

- Hypovolemia should be suspected before it becomes apparent because of the relative pregnancy induced hypervolemia and hemodilution that may mask significant blood losses. Aggressive volume resuscitation is encouraged even for normotensive patients.

354. Propylthiouracil drug contraindicated with :

- a) **Maternal HTN**
- b) Maternal DM
- c) Maternal asthma

355. Pregnant, smoker, h/o trauma, dark red vaginal bleeding ,, FHR 150 uterine contractions ...diagnosis : a)
Uterine contusion

- b) **Abruption**

356. MC cause of 2ry amenorrhea e high LH & FSH >>

- a) **Menopause**

357. Female with vaginal bleeding , abdominal pain : first Inx :

- a) **US**
- b) Vaginal examination

358. Pregnant lady presented with bleeding from gums. On exam, spleen in palpable 4 cm below the costal margin. Ix; platelets 50,000. Dx:

- a) **HELLP.**
- b) ITP
- c) Gestational thrombocytopenia
- d) **Thromboembolic disorder.**

359. Best test to detect age of gestation :

- a) **US**

b) LMP

360. 40 years female , multigravida, no sexual intercourse for 1 year because her husband going abroad, C/O was intermenstrual bleeding with menorrhagia, provisional diagnosis is : a) Endometriosis

b) Endometrial cancer

c) Chronic endometritis

361. Patient with vaginal discharge, supra pubic pain for 3 days, fever and bilateral fornix tenderness. What is the diagnosis?

a) Appendicitis

b) Acute salpingitis

c) Chronic salpingitis

362. Female patient with nipple discharge bilaterally with pituitary mass a)

High prolactin

363. Most worry symptoms in pregnancy

a) Vaginal bleeding

b) Leg cramps

c) Lower limb edema

364. Patient with erythematous cervix with punctate areas of exudation (strawberry cervix): a)

Trichomonas vaginalis

365. Young lady on fast food you will give her:

a) Ca and folic acid

b) Ca and vit C

366. Postpartum hemorrhage on ergotamine which of the following condition is contraindication for this medication:

a) Maternal HTN

b) Gestational DM

367. Methyl-progesterone used for PPH what is contraindication :

a) Pregnant with asthma

b) Pregnant with hypertension

c) Pregnant with DM

368. 4 days post C-section patient with profound hypotension :

a) Normal saline 500ml IV with to big lines

b) Dopamine

369. 23 years old female with regular menses. On US, she has a 7cm ovarian cyst. Otherwise everything is normal. dx:

a) Corpus luteum cyst

b) Follicular cyst

c) Teratoma

370. Obese female has missed two menstrual cycles and feels nauseated and has vomited several times , what is your next step :

a) Obtain Beta Hcg for her she might be pregnant.

371. Divorcee with amenorrhea of 15 months hx was found to have high FSH :

a) Primary ovarian failure

372. Postmenopausal women , with hx of itching and bloody discharge she has used flaggy suppository with no relief , then she developed a swelling on her right labia majora what is the Dx : a) Bartholin's cyst

b) Bartholin's cancer

c) Vulvar carcinoma

373. Patient C/o menometrhagia 6 months and pelvic pain .all investigation and examination normal what is ttt

a) Mafnemic

b) Combined pill

374. A female with foul odor green vaginal discharge with flaglated under the microscope, Dx: a) Trichomonas

375. Best test for early pregnancy :

a) US

376. K/C of DM want to be pregnant :

a) Start DM control before conception

377. Patient with malodour watery vaginal discharge with clue cells in MSU : a)

Bacterial vaginosis

378. Most benign cause of postmenopausal bleeding

a) Cervical polyp.

b) Atrophic vaginitis.

379. Patient complain of infertility 6 year ago and severe pain with cycle (dysmenorrhea) DX a)

Endometriosis

b) Pelvic congestion

c) Endometritis

380. Woman 40 Y with cyclic bilateral nodularity in her breast since 6 month, on examination there is 3 cm tender mobile mass in her breast : what you will do next

a) FNA with cytology

b) Mammogram

c) Biopsy

d) Follow up for next cycle

e) Observation

381. Patient with hirsutism , obese , x ray showed ovary cyst she wants to convince best treatment a) Clomiphene citrate

382. Scenario about ectopic pregnancy B-HCG 5000 hemodynamically stable, treatment:

- a) Observation
- b) **Medical.**
- c) Laparoscopy
- d) Laparotomy

383. Fetal distress in :

- a) Early deceleration
- b) **Late deceleration**

384. Patient 2 h after delivery have severe vaginal bleeding initial management? a)

- Ergometrin**
- b) **Ringer lactate solution**
- c) blood transfusion

385. Lactating mother complain of fever and breast tenderness and redness diagnosed as bacterial mastitis what is treatment :

- a) **Continue breast feeding, hot compressor and antibiotic.**
- b) Discontinue breast feeding and give antibiotic to mother and baby.

386. Female G3P0 , c/o infertility , have regular non heavy cycle, trichomonus infection treated at age of 17 , previous 3 elective D/C in first month gestation ,DDx:

- a) **Asherman syndrome**
- b) **Sheehan syndrome**
- c) Endometritis

387. 40 years , heavy and intercylical bleeding , not pregnant , does not on OCP: a)

Anovulatory cycle

388. The most dangerous sign during pregnancy is:

- a) **Vaginal bleeding.**

389. Perinatal mortality :

- a) Include all stillbirth after the 20th week of pregnancy
- b) Include all neonatal deaths in the first 8 wk of life
- c) **Include all stillbirth and first wk of neonatal deaths**
- d) Is usually death per 10,000 live birth

390. A female presented with defemenization (breast atrophy and deepening of voice) and found to have ovarian cancer. what is the possible type:

- a) **Thecoma**
- b) **Granulosa cell tumor**
- c) **Sertoli-leydig tumor**

391. Relative contraindication of hemabate for the treatment of post-partum hemorrhage is: a)

- Maternal diabetes**
- b) **Maternal asthma**
- c) **Maternal hypertension**

392. About dT in pregnancy :

- a) **dT is not contraindicated during pregnancy**

393. 28 years old diabetic female who is married and wants to become pregnant. her blood glucose is well controlled and she is asking about when she must control her metabolic state to decrease risk of having congenital anomalies:

- a) **Before conception**

394. 43 year old lady complaint about non itchy; white non smelling vaginal discharge after intercourse, she isn't using any contraceptive or vaginal douche. what is diagnosis ?

- a) Prescribe azithromycin
- b) Local steroids
- c) Local antifungal
- d) Vaginal douche
- e) **Do nothing**

395. 19 years sexually active lady came for her annual check-up, she is otherwise healthy using no contraceptive, her pap smear and all investigations are normal. What will you suggest regarding her next check-up?

- a) after 6 months
- b) after 1 year
- c) after 3 years
- d) after 5 years

396. Female wants a temporary contraceptive method, which one is recommended by research? a)

OCP

- b) IUCD

397. Female patient on antiepileptic drugs wants to become pregnant what will you tell her regarding epilepsy:

- a) Use of antiepileptic has risk of fetal malformation
- b) Epileptic attacks affects the fetus

398. Pregnant female developed gestational diabetes that was not controlled by diet and was switched to insulin. She is at great risk later in life to develop:

- a) Diabetes type 1
- b) Diabetes type 2
- c) Hypoglycemic attacks

399. Treatment of gonorrhea :

- a) Ceftriaxone.

400. Young female with left sided abdominal pain. No dysuria or change in bowel habit. History of hysterectomy 4 years back but ovaries and tubes were preserved .on examination: abdomen was tender but no guarding. Investigations show Leukocytosis and few pus cells in urine. There was also history of unprotected coitus with multiple partners. (I did not get the scenario well but i think it was salpingitis)
Management :

- a) Consult surgeon
- b) Oral antibiotics
- c) Diagnosis as ulcerative colitis

401. Female with positive urine pregnancy test at home what next to do: a)

Serum beta HCG

- b) CBC

402. 43 years old female with irregular menses 3m back & 1-2d spotting what is next to do: a)

US

- b) Human chorionic gonadotropin
- c) FSH
- d) LH

403. Mother after delivery have bad mood , depression , crying a lot for only 1 week , but she is ok now, Dx : a)

Maternal blues (transient condition)

- b) Postpartum psychosis

404. Cloboma when to do the operation?

- a) 1 week
- b) 3month
- c) 1 year

271

405. Most benign vaginal bleeding:

- a) Cervical polyp
- b) Myomyoma
- c) Endometrial hyperplasia
- d) I forget the exact sentience but it's related to dryness in menopausal women (atrophic vaginitis)

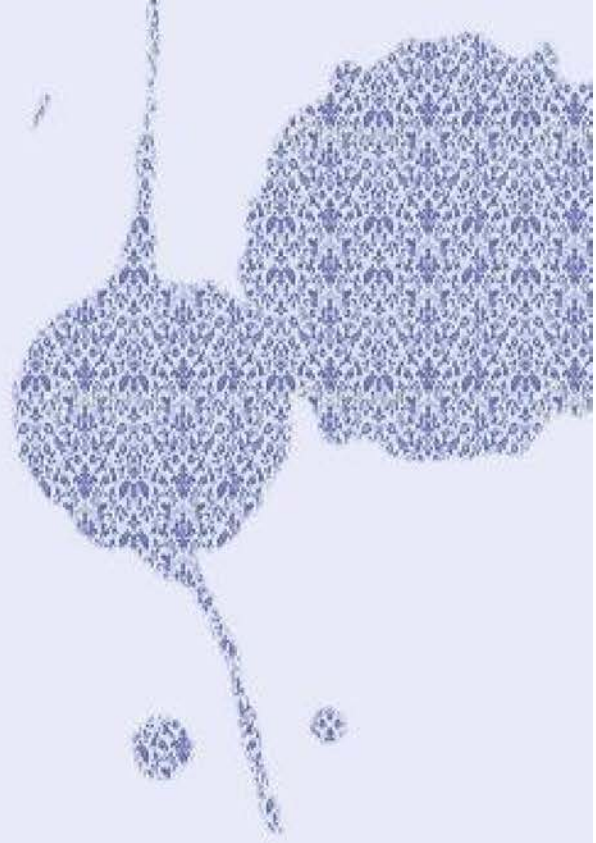
406. What is special about placenta abruption:

- a) Vaginal bleed
- b) **Fetal distress**
- c) Uterus pain and back pain
- d) Abnormal uterine contraction

407. A 54 YO female with chronic pelvic pain is found to have a right sided ovarian mass. After the initial evaluation, surgery is planned to remove the mass. To avoid excessive bleeding during the surgery , the surgeon should ligate which of the following structures?

- a) Round ligament
- b) Suspensory ligament
- c) Ovarian ligament
- d) Transverse Cervical ligament
- e) Mesosalpinx

☐ Suspensor ligament of ovary contains the ovarian artery, ovarian vein, ovarian plexus and lymphatic vessels



Pediatrics



1. Baby with tonic clonic convulsions, what drug you'll give the mother to take home if there is another seizure?
 - a) Diazepam
 - b) phenytoin
 - c) phenobarbital

2. 4 weeks old male child with acute onset forceful non-bilious vomiting after feeding. He is the first child in the family. He is gaining normal weight and looks hungry. What's your diagnosis? a) Pyloric stenosis

3. The most common causes of precocious puberty:
 - a) Idiopathic
 - b) Functional ovary cysts
 - c) Ovary tumor
 - d) Brain tumor
 - e) Adenoma

4. Child present with stiffing neck, fever, headache. You suspect meningitis what is your initial treatment? a) Tobramycin
b) Levofloxacin
c) Penicillin
d) Doxycycline

5. Breast feeding in the full term neonate:
 - a) Increase URTI rate
 - b) No need for vitamin supplementation
 - c) Food introduce at 3 months
 - d) Increase GE rate
 - e) It's recommended to give Vitamin K shortly at birth & Vitamin D at 2 months.

6. 9 days old neonate is brought by his mother for check-up. He was delivered by spontaneous normal vaginal delivery without complications. Birth weight was 3.4 and his birth weight now 3.9. He is sucking well and looks normal except for jaundice. What's your diagnosis? a) Physiological jaundice
b) Breast milk jaundice
c) Crijlar najar syndrome
d) ABO incompatibility

7. A full term baby boy brought by his mother weight 3.8 kg. Developed jaundice at 2nd day of life. Coomb's test -ve, Hb: 18, bilirubin: 18.9 & indirect: 18.4, O/E: baby was healthy and feeding well, the most likely diagnosis is
a) Physiological jaundice
b) ABO incompatibility
c) Breast milk jaundice
d) Undiscovered neonatal sepsis

☐ **Breast milk jaundice** is a different which tends to develop after the first 4-7 days of life, continues up to the sixth week of life. It occurs early caused by insufficient breast milk intake. (Low calories). ☐ **Physiologic jaundice**: manifests after the first 24 hours of life

8. The cardiac arrest in children is uncommon but if occur it will be due to primary a)

Respiratory arrest

- b) hypovolemic shock
- c) neurogenic shock

9. After doing CPR on child and the showing asystole:

- a) Atropine
- b) **Adrénaline**
- c) Lidocaine

10. A baby came complaining of croup, coryza, air trapping, tachypnea & retraction. The best management is:

- a) Erythromycin
- b) Penicillin
- c) Ampicillin

- Since croup is usually a viral disease, antibiotics are not used unless secondary bacterial infection is suspected.
- In cases of possible secondary bacterial infection, the antibiotics vancomycin and cefotaxime are recommended.
- In severe cases associated with influenza A or B, the antiviral neuraminidase inhibitors may be administered.

11. 5 years old boy brought to the ER by his mother complaining of drooling saliva, inability to drink & eat. On examination there was a congested larynx. The most appropriate diagnosis is: a) Viral pneumonia

- b) Croups
- c) **Acute epiglottitis**
- d) Bacterial pneumonia
- e) Bronchiolitis

- It occurs at any age, rapid onset, causes drooling of saliva & inability to drink or eat, no cough & you could see the congested larynx.
- Croup has a slow onset, occurs at ages <4 years with a barking cough & the ability to swallow fluids

12. 15 years old boy had history of URTI 2 weeks ago. Now he is complaining of fever, bilateral knee pain with swelling & tenderness. The diagnosis is:

- a) Sickle cell anemia
- b) Post-streptococcal Glomerulonephritis
- c) Rheumatoid arthritis (JRA)
- d) **Rheumatic fever**
- e) Septic arthritis

13. 10 years old boy presented with a 5 days history of skin lesion which was scaly & yellowish. What is the diagnosis?

- a) Tinea corporis

14. Apgar score

- a) Heart rate is an important criterion.
b) Is out of 12 points.
c) Gives idea about favorability of vaginal delivery.
d) Taken at delivery time and repeated after 5 minutes.
e) Respiratory rate is an important criterion

15. Mother has baby with cleft palate and asks you what is the chance of having a second baby with cleft palate or cleft lip:

- a) 25%
b) 50%
c) 1 %
d) 4%

16. 10 years old child with rheumatic fever treated early, no cardiac complication. Best to advice the family to continue prophylaxis for:

- a) 1 month
b) 3 years
c) 4 years
d) 6 years

☐ Duration of Secondary Prophylaxis for Rheumatic

Fever

Type	Duration after last attack
Rheumatic fever with carditis and residual heart disease (persistent valvular disease)	10 years or until age 40 years (whichever is longer); lifetime prophylaxis may be needed
Rheumatic fever with carditis but no residual heart disease (no valvular disease)	10 years or until age 21 years (whichever is longer)
Rheumatic fever without carditis	5 years or until age 21 years (whichever is longer)

17. Hematological disease occurs in children, treated with heparin and fresh frozen plasma what is the disease?

- a) Hemophilia A
b) Hemophilia B
c) Von-wille brand disease
d) DIC thrombosis

18. Dehydration 25 kg kid, maintenance

- a) 1200
b) 1300
c) 1400
d) 1500 (1600)

19. 11 months old baby, 10 kgs, maintenance daily fluid :

- a) 1000 ml

- b) 500 ml
- c) 2000 ml
- d) 2500 ml

20. Child is complaining of severe headache which is unilateral, throbbing and aggravated by light, diagnosis: a)

Migraine

- b) Cluster Headache
- c) Stress Headache

21. 8 months old infant with on & off recurrent crying episodes & history of currant jelly stools: a)

Intussusception

- b) Intestinal obstruction
- c) Mickel's diverticulitis
- d) Strangulated hernia

22. Baby with crying episodes and currant jelly stool, looks slightly pale, signs of obstruction what is the management?

- a) **Barium enema**
- b) immediate surgery
- c) IV fluid & wait for resolution

23. Infant with features of Down syndrome, the most likely this infant has a)

Trisomy 21.

24. Most common chromosomal abnormality:

- a) **Down's syn (trisomy 21)**
- b) Turner's syndrome
- c) Klienfilter's syndrome

25. Baby having HIV (transmitted from his mother), which vaccination shouldn't be given to him? a)

Oral polio

- b) MMR

26. Who should not get the oral polio vaccine?

☐ **OPV should not be given when there is a higher risk of bad effects caused by the vaccine, including the following:**

- 1) Being moderately or severely (badly) ill with or without fever.
- 2) Having someone in the house with a weak immune system.
- 3) History of a severe allergic reaction to a dose of OPV
- 4) Long-term treatment with steroid medicine.
- 5) Weak immune system. The immune system is the part of the body that normally fights off sickness and disease. A weak immune system may be caused by cancer, HIV or AIDS, inborn immune deficiency, or taking medicines, such as chemotherapy.

27. Mother brought her 18 month old infant to ER with history of URTI for the last 2 days with mild respiratory distress. This evening the infant start to have hard barking cough with respiratory distress.

O/E: RR 40/min, associated with nasal flaring, suprasternal & intercostal recessions. What is the most likely diagnosis?

- a) Viral Pneumonia
- b) Bacterial Pneumonia
- c) Bronchiolitis
- d) Acute epiglottitis
- e) **Trachibronchiolitis**

28. A child swallowed his relative's medication. What is the best way of gastric decontamination? a)

- Gastric lavage
- b) Total bowel irrigation (whole bowel wash)
- c) Syrup ipecac
- d) **Activated charcoal**

29. Infant swallow cohesive material came within half an hour to ER drooling, crying what is the initial thing to do

- a) activated charcoal
- b) endoscopy
- c) **secure airway**
- d) 2 cups of milk

30. Child ate overdose of iron , best immediate management

- a) **Gastric lavage (because immediate)**
- b) Induce vomiting manually
- c) Emetic drugs
- d) Ipecac
- e) IV Deferoxamine

31. Child has pallor, eats little meat, by investigation microcytic hypochromic anemia, what will you do? a)

Trial of iron therapy

- b) Multivitamin with iron daily

32. Child came with fatigue 'pic of anemia 'and stunted growth, his blood works shows microcytic hypochromic anemia, diagnosis is:

- a) Thalassemia
- b) Sideroplastic
- c) lead poisoning
- d) **Iron deficiency anemia**
- e) SCA

33. Female her height is 10th percentile of population, what u will tell her about when spinal length completed, after menarche?

- a) 6m
- b) 12 m
- c) **24 m**
- d) 36 m

34. Intellectual ability of child measured by

- a) CNS examination

35. 6 years old with HBsAg his mother has HBV he did not receive any vaccination except BCG he should take:

- a) DT, Hib,MMR,OPV
- b) DTB,Hib,MMR,HBV,OPV
- c) DTB,Hib,MMR, OPV
- d) Td, Hib,MMR,OPV,HBV
- e) DTP, MMR, OPV, HBV

36. 3 days old baby, his mother HBV positive, what is your action?

- a) one dose immunoglobulin and vaccination
- b) immunoglobulin
- c) three doses HBV vaccine

☐ **Note :** Infant of mother HBV-positive must receive immunoglobulin within first 12 hour and vaccination as 0,1 and 6 months For this child it is too late for immunoglobulin

37. 2 month infant with vomiting after each meal , he is in 50 centile , He passed meconium early and stool , diagnosis is :

- a) Midgut volvulus
- b) Meconium ileus
- c) Hirschsprung disease

38. Child was sick 5 days ago culture taken showed positive for meningococcal. Patient now at home and asymptomatic your action will be:

- a) Rifampicin
- b) IM ceftriaxone

39. Infant with bright blood, black stool and foul smelling stool. Best way to know the diagnosis: a)

US

- b) Radio Isotope scan
- c) Angiogram

40. What is the injection that is routinely given to new-born to inhibit haemorrhage:

- a) Vitamine K
- b) Vitamine C
- c) Vitamine D
- d) Vitamin E

41. Child with URTI is complaining of bleeding from nose, gum and bruising the diagnosis is: a)

Hemophilia A

- b) ITP

42. Child came with his father and has high BMI and look older than other children with same age, on exam child has >95th percentile of weight and tall, management is:

- a) Observe and appoint
- b) Life style change

- c) Give program to decrease the weight

43. Newborn came with red-lump on left shoulder, it is:

- a) Haemangioma

44. 3 months infant with red swelling that increase in size rapidly:

- a) Cavernous hemangioma
b) Pot-wine spot

45. Newborn came with congenital hepatomegaly, high LFT, jaundice the most organism cause this symptoms is:

- a) Congenital TB
b) Rubella
c) HIV
d) CMV

46. after bite, pediatric patient presented with abdominal pain and vomiting , stool occult blood, rash over buttock and lower limbs, edema of hands and soles, urine function was normal but microscopic hematuria was seen:

- a) Lyme
e) Henoch-Schonlein Purpura

47. For the above disorder, which one is considered pathological?

- a) Gross hematuria
b) Microscopic hematuria
c) Rashes

48. One of the following is NOT a feature of Henoch-Schoenlein purpura (HSP): a) Arthritis.

- b) Rash over the face.
c) Abdominal pain.
d) Normal platelet count.

49. Child with URTI what is the most helpfully sign that it is viral

- a) Colorless nose discharge

50. Child develop purpuric rash over his extremities, this rash was preceded by upper respiratory tract infection 1 week ago. What is your diagnosis?

- a) ITP
b) Henoch shaolin purpura

- HSP skin rash distribution: lower extremities (dorsal surface of the legs), buttocks, ulnar side of arms & elbows.
- Workup: CBC: can show leukocytosis with eosinophilia & a left shift, thrombocytosis in 67% of cases.
- Decreased platelets suggest thrombocytopenic purpura rather than HSP.

51. Henosch-Scholen purpura affect:

- a) Capillary

- b) Capillary and venule
- c) Arteriole, capillary and venule
- d) Artery to vein

52. Gross motor assessment at age of 6 months to be asked is:

- a) Sitting without support
- b) Standing
- c) Role from prone to supine position
- d) Role from supine to prone position

53. The immediate urgent referral of child that take?

- b) 10 pills contraceptive
- c) 10 pills antibiotics
- d) 75 mg Paracetamol

54. Child woke up with croup, what should you put in your DD?

- a) Pneumonia
- b) Tonsillitis
- c) Foreign body

55. Child with picture of SCA he should be maintained on:

- a) Penicillin and folic acid

56. Baby with conjugated hyperbilirubinemia:

- a) Biliary atresia
- b) ABO comp
- c) G6PD

57. 7 years old child had history of chest infection which was treated with antibiotics. The patient presented 6 weeks after cessation of antibiotics with abdominal pain, fever and profuse watery diarrhea for the past month. Which of the following organisms is responsible for the patient's condition? a) Giardia Lamblia

- b) Clostridium Difficile
- c) Escherichia coli
- d) Clostridium Perfringens

☐ Causes severe diarrhea when competing bacteria in the gut flora have been wiped out by antibiotics.

58. child came with wheezing and cough and diagnosed with asthma and his dr. prescribe to him beclomethasone space inhaler or nebulizer am not sure twice daily... what most worried side effect of using it:

- a) Growth retardation
- b) Extraocular problem

59. Child with DM came with picture of DKA, which HLA is responsible? a)

- DR4
- b) DR5
- c) DR6

d) DR7

e) DR3 and DR4

60. Twins (boy and girl) the father came asking why his daughter start puberty before his son :

- a) Girls enter puberty 6-12 months before boys
- b) Girls enter puberty 2-3 years before boys
- c) Girls enter puberty 1-2 years after boys
- d) Girls enter puberty as the same age of boys

61. Boy came with history of wheal on erythematous base after 10 day you find in the examination preorbital swelling, supraclavicular L.N., hepatomegaly and splenomegaly what is the diagnosis? a)

Angioedema

- b) Urticarial
- c) Lymphoma

62. A boy with nocturnal enuresis, psychotherapy failed to show result you will start with:

- a) Imipramine and vasopressin
- b) clonidine and vasopressin
- c) clonidine and guanfacine
- d) Imipramine and guafacine

63. Male patient with a cyanotic heart disease, all except:

- a) ASD
- b) VSD
- c)
- d) PDA
- e) Truncus arteriosus

64. Cellulitis in children most common causes:

- a) Group A streptococcus
- b) Staphylococcal aureus

- Staphylococcus aureus is the most common bacteria that cause cellulitis.
- Group A Streptococcus is the next most common bacteria that cause cellulitis. A form of rather superficial cellulitis caused by strep bacteria is called erysipelas; it is characterized by spreading hot, bright red circumscribed area on the skin with a sharp raised border. The so-called “flesh-eating bacteria” are, in fact, also a strain of strep which can – in severe cases – destroy tissue almost as fast as surgeons can cut it out.

65. 6 months baby with undescending testis which is true:

- a) Tell the mother that he need surgery
- b) In most of the cases spontaneous descent after 1 year
- c) surgery indicated when he is 4 years
- d) Unlikely to become malignant

66. Cellulitis occurring about the face in young children (6-24 months) and associated with fever and purple skin discoloration is MOST often caused by

- a) group A beta hemolytic streptococci
- b) Haemophilus influenza type B
- c) streptococcus pneumoniae

- d) staphylococcus aureus
- e) pseudomonas

- **Facial cellulitis** includes both When associated with trauma or contiguous infection (eg, stye), **Staphylococcus aureus** or **Streptococcus pyogenes** are likely causes
- **In the absence of trauma or contiguous infection**, historically **Haemophilus influenza type b** was the most common cause followed by Streptococcus pneumonia

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67. Forcing the child to go to the toilet before bedtime and in the morning, you'll control the problem of; a)
Enuresis

68. Cellulitis in neonate mostly caused by

- a) **streptococcus B hemolytic**

69. Patient with atopic dermatitis and he is 2 years old came with cough and wheezing :

- a) bronchiolitis
- b) **Bronchial asthma**

70. 6month baby with mild viral diarrhoea, ttt by ORS as:

- a) **100ml/kg for 4 hour then 50 ml/kg /day after**
- b) 50 ml/kg for 4 hour then 50 ml/kg /day after
- c) 100 ml/kg for 4 hour then 100 ml/kg /day after
- d) 50 ml/kg for 4 hour then 100 ml/kg /day after

- Mild = 50cc/kg in 4 hrs
- moderate = 100cc/kg in 4 hr
- severe IV fluid
- calculate the weight= $2(\text{age}+4)=9\text{kg}$ so maintainance = 100cc/kg for day

71. Child known case of sickle cell disease with recurrent UTI which is treated, Now he is stable (cbc,chem. within normal) you can discharge him with:

- a) **Prophylactic Penicillin**
- b) Iron

72. 2 years old known case of sickle cell disease child with hand and foot swelling, crying, You will discharge him with:

- a) **penicillin and vaccination**

73. In devolving country to prevent dental carise , it add to water

- a) **Florid**
- b) Zink
- c) Copper
- d) iodide

**74. Baby complaining fever , chills , rigors and head rigidity +ve kurnings sign rash on his lower limb
diagnosis:-**

- a) meningococcal meningitis

75. Most common malignancy in children

- a) Leukemia
b) wilms tumor

- Wilms tumor: The most common feature at presentation is an abdominal mass. Abdominal pain occurs in 30%-40% of cases. Other signs and symptoms of Wilms tumor include hypertension, fever caused by tumor necrosis, hematuria, and anemia.
- **A renal tumor** of embryonal origin that is most commonly seen in children 2–5 years of age. Associated with Beckwith-Wiedemann syndrome (hemihypertrophy, macroglossia, and visceromegaly), neurofibromatosis, and WAGR syndrome (Wilms', Aniridia, Genitourinary abnormalities, mental Retardation).
- Presents as an asymptomatic, nontender, smooth abdominal mass, abdominal pain, fever, hypertension, and microscopic or gross hematuria.
- Treatment : Local resection and nephrectomy with postsurgical

76. mild diarrhoea management :

- a) ORS

77. Diagnosis of thalassemia minor:

- a) HB a2 and HB f
b) Microcytosis

- **Beta Thalassemia Minor:**
- The thalassemia seen most commonly is caucasians (primarily Mediterranean descent)
- Beta thalassemia minor is loss of one of two genes for Beta globin on chromosome 11
- Patients generally asymptomatic
- May have mild microcytic anemia (MCV: 60-70; Hgb: 10-13) with a normal or slightly increased RBC count
- The peripheral smear will show target cells and basophilic stippling
- See increased HbA₂ in the range of 5-9% with normal HbF
- Diagnosis may be obscured in concomitant iron deficiency present because Beta-thalassemia causes an increase in HbA₂ while iron deficiency causes a decrease in HbA₂. Both create a microcytosis.
- **Beta Thalassemia Major:**
- Homozygous double gene deletion with no Beta globin production
- Presents with lethal anemia, jaundice, splenomegaly, growth retardation, bone malformations, death ☐
- Severe hypochromic, microcytic anemia with very bizarre cells
- HbA₂ is not increased
- HgF is at nearly 100%

78. Most common intra- abdominal tumour in children:

- a) Wilm's tumor
b) Lymphoma

79. Celiac disease which not cause it:

- a) Rice & corn
- b) Oat
- c) wheel
- d) Gluten

80. Celiac disease involves :

- a) Proximal part of small intestine
- b) Distal part of small intestine
- c) Proximal part of large intestine
- d) Distal part of large intestine

81. Baby Apgar score 3 at one min (cyanotic, limp, weak cry), best treatment

- a) Warm & dry
- b) Ventilate
- c) Chest expansion
- d) Volume expansion

82. 4 years old baby comatose and cyanotic in the kitchen , there was peanuts in his hand: a)

Aspiration

83. 15years old boy with unilateral gyncomastia your advice is

- a) May resolve spontinsly
- b) There is variation from person to person
- c) Decrease use of soda oil or fish oil

☐ Uni- or bilateral gynecomastia occur normally in newborn & at puberty

84. 6months old boy with fever you should give antipyretic to decrease risk of

- a) Febrile convulsion
- b) Epilepsy
- c) Disseminate bacteria

85. 6months old with cough and wheezy chest .diagnosis is:

- a) asthma (after 2 years old)
- b) Broncholitis (before 2 years old)
- c) pneumonia (associated with cryptitation)
- d) F.B aspiration (sudden wheezing)

86. Child presented with anemia he have family history of thalassemia what the most diagnostic test

- a) measuring of HB A2
- b) Bone marrow
- c) Serum ferritin

☐ The most diagnostic test is hemoglobin electrophoresis

87. Child presented to ER with SOB on x-ray there is filtration on mid & lower zone on right side after 24h of antibiotic patient become cyanosis the x-ray total lung collapse with mediastinal shift what cause a) H-influenza
b) Pneumocystis carnia
c) **Streptococcus pneumonia**
88. 8 month boy presented with fever, SOB, poor feeding and confusion. On exam ear was red and ESR high, what is the next best step in diagnosis?
a) Blood culture
b) **CSF**
c) Chest X-ray
d) Urine analysis
e) CBC and differential
89. Infant with coryza, wheezing and URTI symptoms came to ER with SOB, what is the first management?
a) **Bronchodilator**
b) Corticosteroid
c) Theophylline
90. Boy 12 years old come to you complaining of that he worries about himself because he see that his friends has axillary hair and he is not like them , about sexual maturity of boys what is first feature :
a) **Testicular enlargement, in females breast buds**
b) penile elongation
c) hair in axilla
d) hair in the pubic area
91. child brought by mother due to bleeding per nose , by examination you found many bruises in his body ,over his back ,abdomen and thigh , what is your diagnosis : a) **Child abuse**
92. child with spontaneous epistaxis DX :
a) **Coagulation deficiency**
93. 6 years old with cyanosis, at 6 months similar attack, what is best investigation?
a) **Pulmonary function test**
94. Three years child presents with diarrhea with blood & mucus for 10 days on investigation no cyst in stool examination, what is the most common cause?
a) **Ulcerative colitis**
b) giardiasis
c) rota virus
- Bloody diarrhea is a common problem in children.
 - Bacterial infections and parasitic infestations are responsible for most of the cases.
 - Milk allergy is a frequent cause in young infants.
 - Chronic inflammatory bowel disease occurs in older children.

95. Child 9 months with of congenital heart disease, central and peripheral cyanosis Dx?

- a) **Tetralogy of fallot**
- b) Coarctation of aorta
- c) Truncus arteriosus
- d) ASD
- e) PDA

96. Child with dry cough & wheeze, CXR showed hyperinflated lung with some infiltrate:

- a) **Bronchial asthma**
- b) Bronchiolitis.

97. Child anaemic, abdominal pain, blood in faces (I forget colour of stool & rest of case but I think it is about volvulus?) next investigation:

- a) Abdominal ultrasound.

- Diagnosis of Malrotation with Volvulus :
- AXR may reveal the absence of intestinal gas but may also be normal.
- If the patient is stable, an upper GI is the study of choice and shows an abnormal location of the ligament of Treitz. Ultrasound may be used, but sensitivity is determined by the experience of the ultrasonographer.

98. Patient with Kwashiorkor:

- a) High protein & high carbohydrate.
- b) High protein & low carbohydrate
- c) **Low protein & high carbohydrate**
- d) Low protein & low carbohydrate.

99. Nutritional marasmus on definition:

- **Kwashiorkor** caused by insufficient protein consumption but with sufficient calorie intake, distinguishing it from marasmus
- **Marasmus** is a form of severe protein-energy malnutrition characterized by energy deficiency caused by inadequate intake of proteins and calories. A child with marasmus looks emaciated. Body weight may be reduced to less than 80% of the average weight that corresponds to the height. Marasmus occurrence increases prior to age 1, whereas kwashiorkor occurrence increases after 18 months. It can be distinguished from kwashiorkor in that kwashiorkor is protein wasting with the presence of edema. The prognosis is better than it is for kwashiorkor.

100. Most cause of URTI

- a) **RSV**

☐ Viruses cause most URIs, with rhinovirus, parainfluenza virus, coronavirus, adenovirus, respiratory syncytial virus,

101. Infant in respiratory distress, hypercapnia, acidosis & have rhinitis and persistent cough, positive agglutination test & the doctor treat him by ribavirin, what is the diagnosis?

- a) Pertussis
- b) **RSV**

102. Kawasaki disease associated with:

- a) **Strawberry tongue**

☐ **Explanation:** Kawasaki disease: Multisystem acute Vasculitis that primary affected young children. Fever plus four or more of the following criteria for diagnosis:

- 1) fever > 40 C for at least five days
- 2) bilateral, non-exudative, painless conjunctivitis
- 3) polymorphous rash (primarily truncal)
- 4) cervical lymphadenopathy (often painful and unilateral)
- 5) diffuse mucous membrane erythema (strawberry tongue) , dry red
- 6) erythema of palm and sole
- 7) other manifestation : gallbladder hydrops, hepatitis, arthritis

➤ **Untreated Kawasaki disease** can lead to coronary aneurysms and even MI ➤

Treatment :

- 1) high dos ASA (for fever and inflammation) & IVIG (to prevent aneurysm) 2)
- Referral to pediatric cardiologist.

103. Child with skin rash, pericarditis, arthritis dx:

- a) **Kawasaki**

104. Child presented with erythematous pharynx, with cervical lymph nodes and rapid streptococcal test negative and low grade fever with positive EBV. it next step

- a) Give antibiotics and anti-pyretic
- b) **Give anti pyretic and fluids**
- c) Do culture and sensitivity

105. 2 months old child complaining of spitting of food, abdominal examination soft lax, occult blood – ve, what you will do?

- a) **Reassure the parents**
- b) Abdominal CT

106. Cow milk differ from mature human milk that cow milk contain more: a)

More protein

- b) **More Iron content**
- c) More calories
- d) More fat

	human milk	cow
Calories	62	59
Carbohydrate	7	4.8
Protein	1.4	3.3
Fat	4.45	3.8

- All minerals are much more in cow milk than human milk except iron & copper .
- Breast milk contain more Vitamin C & D

107. child with congested throat & tonsil with white plaque on erythematous base on tongue & lips , also there is gingivitis (Dx.)

a) **PHARYNGITIS**

108. Baby with streptococcus pharyngitis start his ttt after two days he improved, Full course of streptococcus pharyngitis treatment with amoxicillin is

a) **10 days (9-11 days)**

b) 7days

c) 14 days

- If group A streptococcus is suspected, begin empiric antibiotic therapy with penicillin × 10 days.
- Cephalosporin, amoxicillin, and azithromycin are alternative options.
- Symptom relief can be attained with fluids, rest, antipyretics and salt-water gargles

109. Patient known case endocarditis will do dental procedure prophylaxis?

a) **2 g amoxicillin before procedure 1 h**

b) 1 g amoxicillin after procedure

c) 2 g clindamycin before procedure 1 h

d) 1 g clindamycin after procedure

110. Child with fever first after 2 days he got sore throat white yellow mouth lips lesion on erythematous base with gingivitis Dx?

a) **HSV**

b) EBV

c) CMV

d) Adenovirus

111. Child in ER , with dyspnoea , tachypnea , subepiglottic narrowing in x-ray :

- If thumb sign : epiglottitis
- If steep sign : croup

112. Child on chemotherapy, he developed septicaemia after introduce IV cannula, what is causative organisms?

a) Hib

b) **Pseudomonas**

c) E.coli

d) strept

e) Klebsiella

113. Newborn with pulse 300 bpm, with normal BP, normal RR, what do you will do for newborn? a)

Cardiac Cardioversion

b) Verapamil

c) **Digoxin**

d) Diltzam IV

☐ **Treatment of supraventricular tachycardia in asymptomatic patients**

- 1) Ice to face and vagal maneuvers
- 2) Adenosine
- 3) Propranolol
- 4) Digoxin
- 5) Procainamide

114. Baby born & discharge with his mother, 3 weeks later he started to develop difficulty in breathing & become cyanotic, what is most likely diagnosis?

- a) VSD
- b) **Hypoplastic left ventricle**
- c) Coarctation of aorta
- d) Subaortic hypertrophy

115. Attention Deficit Hyperactivity Disorder child what is the management? a)

Ecitalpram

- b) **Atomoxetine**
- c) Olanzapine
- d) Clonazepam

- **Treatment: combination of medications and behavioral therapy** is far superior to just medication treatment
- A class of drugs called **psychostimulants** is a highly effective treatment for childhood ADHD. These medicines, including Adderall, Concerta, Daytrana and Ritalin, help children to focus their thoughts and ignore distractions.
- Another treatment is **nonstimulant medication**. These medications include Intuniv, Kapvay and Strattera "atomoxetine"

116. 9 months infant, develop anaemia, he start cow milk before 2 months, what is the management? a)

Stop milk

- b) Give antihistamine

117. Child with moderate persistent BA On bronchodilator inhaler. Presented with acute exacerbation what will you add in ttt:

- a) **Corticosteroid inhaler**
- b) Ipratropium bromide inhaler

118. What is the best source of iron in a 3 month old infant

- a) **Beast milk**
- b) Low fat cow milk.
- c) Yellow vegetables.
- d) Fruit.
- e) Iron fortified cereals.

☐ Infants absorb 100% of the iron in breast milk (less than 1 mg/L), but cannot absorb all of the iron in infant formulas.

119. Child starts to smile:

- a) At birth
- b) **2 months (6 weeks)**
- c) 1month

120. The child can walk without support in:

- a) 6months
- b) 9months
- c) **15 months**
- d) 18month

☐ 12 months walk with one hand held, 15 months independently and takes a step up at 18 months.

121. You received a call from a father who has a son diagnosed recently with DM-I for six months, he said that he found his son lying down unconscious in his bedroom, What you will tell him if he is seeking for advice:

- a) **Bring him as soon as possible to ER**
- b) Call the ambulance
- c) Give him his usual dose of insulin
- d) **Give him IM Glucagon**
- e) Give him Sugar in Fluid per oral

122. Child recognize 4 colours, 5 words, hops on one foot, consistent with which age: a)

- 12 months
- b) 24 months
- c) **36 months**
- d) 18 months

123. Cardiac congenital heart disease in children, all true except: a)

- 4-5%
- b) **VSD is the commonest**
- c) ASD patient should not play a competition.

☐ Congenital heart defects can be related to an abnormality of an infant's chromosomes (5 to 6 percent), single gene defects (3 to 5 percent), or environmental factors (2 percent). In 85 to 90 percent of cases, there is no identifiable cause for the heart defect, and they are generally considered to be caused by multifactorial inheritance.

124. 4 years old brought by his parents with weight > 95th percentile, height < 5th percentile & bowing of both legs what is the appropriate management?

- a) **Liver & thyroid function tests**
- b) Lower limb X-ray
- c) Pelvis X-ray

125. What a 4 years child can do : (Draw square)

- a) Draw square 4 years & triangle 5 years
- b) Say complete sentence
- c) Tie his shoes 5 years

126. What condition is an absolute contraindication of lactation:

- a) Mother with open pulmonary TB for 3 month
- b) Herpes zoster in T10 dermatome
- c) Asymptomatic HIV

127. Newborn with fracture mid clavicle what is true

- a) Most cases cause serious complication
- b) Arm sling or figure 8 sling used
- c) Most patient heal without complications

- Most clavicles fracture in newborn no need to treatment apart from careful handling.
- If the fracture is displaced and baby in pain, simple sling is require.

128. A child is about to be given FLU vaccine, what allergy should be excluded before giving the vaccine? a)

- Chicken
- b) Egg
- c) Fish

129. 8 years old girl presented with fever, numerous bruises over the entire body and pain in both legs.

Physical examination reveals pallor and ecchymosis and petechiae on the face, trunk and extremities. Findings on complete blood count includes a haemoglobin of 6.3 g/dl, white cell count of 2800/mm³ and platelet count of 29,000/mm³. Which of the following would be the MOST appropriate diagnostic test? a)
Hb electrophoresis

- b) Bone marrow aspiration.
- c) Erythrocyte sedimentation rate.
- d) Skeletal survey.
- e) Liver and spleen scan.

130. 12 months old baby can do all except:

- a) Walk with support one hand
- b) Can catch with pincer grasp
- c) Can open drawers
- d) Response to calling his name
- e) Can play simple ball

131. A 5 months old baby presented to ER with sudden abdominal pain and vomiting. The pain lasts for 2-3 minutes with interval of 10-15 minutes in between. The most likely diagnosis: a) Intussusceptions

- b) Infantile colic
- c) Appendicitis

132. 3 years old boy in routine exam for surgical procedure in auscultation discovered low pitch murmur continues in the right 2nd intercostal space radiate to the right sternal border increased by sitting & decreased by supine, what you want to do after that?

- a) Send him cardiologist
- b) **Reassurance & tell him this is innocent murmur**
- c) Do ECG

☐ **Innocent Murmur** Heart murmurs that occur in the absence of anatomical or physiological abnormalities of the heart and therefore have no clinical significance.

133. 1 year old baby complaining of acute hepatosplenomegaly, skin bluish nodules and lateral neck mass.

What is the best investigation?

- a) liver biopsy
- b) **Bone marrow aspiration**
- c) MRI of the chest
- d) EBV serology
- e) CBC

134. 5 days old baby vomited dark red blood twice over the past 4 hours. He is active and feeding well by breast. The most likely cause is:

- a) Esophagitis
- b) Esophageal varices
- c) Gastritis
- d) Duodenal ulcer
- e) **Cracked maternal nipples**

135. A 6 years old girl presented with low grade fever and arthralgia for 5 days. She had difficulty in swallowing associated with fever 3 weeks prior to presentation. Physical examination revealed a heart rate of 150/min and pansystolic murmur at the apex. There was no gallop and liver was 1 cm below costal margin. The MOST likely diagnosis is:

- a) Bacterial endocarditis.
- b) Viral myocarditis.
- c) **Acute rheumatic fever.**
- d) Pericarditis.
- e) Congenital heart failure.

136. A 3 years old child woke from sleep with croup, the differential diagnosis should include all except: a) **Pneumonia**

- b) Tonsillitis
- c) Cystic fibrosis
- d) Inhaled foreign body

137. Coarctation of aorta is commonly associated with which of the following: a)

Down syndrome

- b) **Turner syndrome**
- c) Patau syndrome
- d) Edward syndrome
- e) Holt-Orain

138. Child with positive skin test of TB and previously it was –ve, Treatment of this child? a)

INH alone

- b) INH + Rifampicin
- c) INH + rifampicin+ streptomycin
- d) no treatment
- e) **Full regimen for TB**

139. 6 days old Neonate not feeding well, lethargic, with urine smell like burned sugar. The diagnosis is: a)

Maple syrup urine syndrome

- b) phenylketonurea

140. 15 years old boy came to your clinic for check-up. He is asymptomatic. His CBC showed: Hb 11.8 g/l, WBC 6.8 RBC 6.3 (high), MCV 69 (low), MCH (low), and Retic 1.2 (1-3)%, what is the most likely diagnosis?

- a) **Iron deficiency anemia**
- b) Anemia due to chronic illness
- c) β -thalassemia trait
- d) Sickle cell disease
- e) Folic acid deficiency

141. short boy with decreased bone age, most diagnosis is

- a) **Constitutional delay**

142. Mother bring her baby to you when she complain of diaper rash, she went to different drug before she come to you, she used 3 different corticosteroid drug prescribed by different physician, the rash is well demarcated & scaly, what is the diagnosis?

- a) seborrheic dermatitis
- b) **contact dermatitis include labi whereas candida not**

143. The treatment:

- a) **Avoid allergen and steroid for contact dermatitis**

144. 18 months old child brought to you for delayed speech, he can only say "baba, mama", what's your first step in evaluating him?

- a) Physical examination
- b) **DeveloPMENTAL assessment.**
- c) Head CT
- d) Hearing test.

145. Baby <2 years age present with a history of URTI, nasal discharge after that complicated to wheezing & there is rales in the end inspiratory & early expiratory phase ,prolonged expiratory phase , sever respiratory distress ,using the accessory muscle in respiration, what is the diagnosis: a) Viral pneumonia.
b) **Bronchitis**
c) Bacterial pneumonia

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146. Mother bring her baby to you when he present with hematoma in his
How to manage this patient? a) No need things& ask him to go to the home.
b) **Bring a sharp metal & press in the middle to evacuate the Hematoma.** c)
Remove the nail



nail,

147. Child with morbid obesity, what the best advice for him?
a) **Decrease calories intake**
b) Dec fat intake
c) Increase fiber
d) Increase water

148. A patient presented with fatigue, loss petite& bloody urine. She gave History of sore throat 3 weeks back. The most likely diagnosis is:
a) hemorrhagic pyelonephritis
b) **Post streptococcal GN**
c) Heamorrhagic cystitis
d) membranous GN
e) IgA nephropathy

149. A young girl patient had UTI 1 week ago & received sepra (trimethoprim + sulphamethoxazole). She came with crampy abdominal pain & proximal muscle weakness. The diagnosis is: a) Polymyositis
b) Gullian parre syndrome
c) **Intermittent porphyria**
d) Periodic hypokalemic paralysis

150. Two absolute contraindications to DTP and DTaP:
a) **An immediate anaphylactic reaction &encephalopathy within 7 days.**
b) Seizure within 3 days of immunization
c) crying within 3 days for 3 or more hours within 48 hours
d) Collapse or shock-like state within 48 hours
e) Temperature $\geq 40.5^{\circ}\text{C}$ (104°F) within 40 hours

- **Contraindications: DTP or DTaP administration ➤ Absolute:**
1) Severe reaction following prior DTP or DTaP

- 2) Immediate Anaphylaxis
- 3) Encephalopathy within 7 days of Vaccine ➤ **Relative:**

- 1) Moderate Reaction following prior DTP or DTaP
- 2) Fever > 40.5 C within 48 hours of vaccine
- 3) Seizure within 72 hours of vaccine
- 4) Hypotension or Unresponsive Episode within 48 hours
- 5) Inconsolable Crying >3 hours within 48 hours
- 6) Guillain-Barre Syndrome within 6 weeks of vaccine

- **Conditions not contraindicating vaccine**

- 1) Family History of adverse vaccine event
- 2) Family History of SIDS
- 3) Family of Seizure disorder
- 4) Fever following prior vaccine <40.5 C (105 F)

- **If Vaccine Contraindicated, then**

- 1) Allergy Testing for anaphylactic reaction
- 2) Administer DT to all other groups

151. Management of obesity in 10 years boy:

- a) **Multifactorial**

152. 2 years old boy with coryza, cough and red eyes with watery discharge (a case of measles). Most likely diagnosis of the red eyes is:

- a) **Conjunctivitis**
- b) Blepharitis

☐ Cough, coryza, conjunctivitis (red eyes), 40 °C, Koplik's spots seen inside the mouth are pathognomonic (diagnostic) for measles.

153. 2 years baby with gray to green patch in lower back, no redness or hotness, diagnosis is a) child abuse

- b) **No treatment need**
- c) bleeding tendency

- Mongolian spot: visible in 6 month and normally disappear to 3-5 years.
- No need treatment.



154. Child normal the doctor discovered by exam that mid sterna murmur at late systolic crescendo-decrescendo like with wide splitting diagnosis is?

- a) **Causes include mitral valve prolapse**
- b) tricuspid valve prolapse
- c) papillary muscle dysfunction

155. Baby can sit without support, walk by holding furniture. Pincer grasp, pull to stand how old is he a) 8 months

- b) **10 months**
- c) 12 month
- d) 18 month

156. Boy 3 day after flue symptom develop conjunctivitis with occipital and neck L.N enlarged so diagnosis is

- a) Adenoviral Conjunctivitis
- b) Streptococcus
- c) HSV

157. The most common cause of failure to thrive in paediatric is

- a) Malnutrition

158. When the baby not smile be abnormal :

- a) 2 month (must smile at 6 weeks)
- b) 4 months
- c) 6 monts

159. Baby complaining increasing haemangioma in the back 2cm:

- a) Observation
- b) Oral steroid
- c) Injection steroid
- d) Excision

160. Baby can copy triangle and square what age:

- a) 2 years
- b) 3 years
- c) 5 years

161. Child with dental caries and history of bottle feeding So dd

- a) Nurse milk caries

162. Lactating women infected with rubella, management is

- a) MMR
- b) Stop lactation

☐ Rubella not protected by postexposure administration of live vaccine

163. 2 months infant with white plaque on tongue and greasy, past history of clamydia conjunctivitis after birth treated by clindamycin, what is the treatment oral thrush? a) Oral nystatin

- b) Topical steroids
- c) Topical acyclovair
- d) Oral tetracycline

164. Asystole is one of the non shockable waves what you gonna do is CEAP? a)

- CPR
- b) Epinephrine

- c) Atropine
- d) pacing

165. Group of diseases include, cystic fibrosis, liver failure, the cause is

- a) Alpha one antitrypsin deficiency

☐ **α_1 -antitrypsin deficiency has been associated with a number of diseases:**

- 1) Cirrhosis
- 2) COPD, pneumothorax, asthma, emphysema, Bronchiectasis and cystic fibrosis 3) Wegener's granulomatosis
- 4) Pancreatitis, Gallstones, Primary sclerosing cholangitis & Autoimmune hepatitis 5) Pelvic organ prolapse
- 6) Secondary Membranoproliferative Glomerulonephritis
- 7) Gallbladder cancer, Hepatocellular carcinoma, bladder carcinoma, Lymphoma & Lung cancer

166. Febrile infant with no obvious cause, Do all except:

- a) CT scan

167. Child known case of BA moderate intermittent on inhaled salbutamol ,,, about managmet a)
Add inhaled steroid

168. Child with febrile seizur

- a) Give her paracetamol when she had a fever
- b) Give her phenobarbiton when she had a fever

169. 2 month old baby on breast feeding Mother asked you about her baby feeding a) Solid fluid after 4-6 month

170. Child after falling down from bed sustained multiple area of erosion

- a) Hemophilia

171. Child present with URTI, lymphadenopathy, splenomegaly ttt : a)

- Amoxicillin
- b) Supportive treatment only
- c) Clindamycin

172. Boy presented to the ER complaining of sudden onset of abdominal pain & leg cramps, he had history of vomiting 2 days ago, he was dehydrated. Na = 150 , K = 5.4 ,, glucose = 23mmol ,The best initial investigation is

- a) CBC
- b) Blood culture
- c) ABG (the Dx is DKA)
- d) Urinalysis (dipstick)
- e) U/S

173. 3 year old child needs oral surgery & comes to your clinic for check-up. On examination 2/6 continuous murmur, in upper right sternal borders that disappear with sitting , next step: a) Give AB prophylaxis

- b) Ask cardiology consult
- c) Clear for surgery
- d) Do ECG

174. 17 years old girl missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do

- a) Give her double dose vaccine
- b) Give her the second dose only
- c) See if she has antibody and act accordingly

175. In a baby with polyhydramnios what could be the cause:

- a) Duodenal atresia

176. Child with mild trauma develop hemoarthrosis, in past history of similar episode DX ? a)

Platelets dysfunction

- b) Clotting factor deficiency
- superficial bleeding → platelets dysfunction
- Deep bleeding → clotting problems

177. Infant newly giving cow milk in 9 months old, closed posterior fontanel, open anterior fontanel with recurrent wheezing and cough, sputum examination reveal hemoptysis, x-ray show lung infiltration, what is your action?

- a) Diet free milk
- b) Corticosteroid
- c) Antibiotics

178. Patient with signs and symptoms of autism what medication to give

☐ **Treatment:** A variety of therapies are available, including

- 1) **Applied behavior analysis (ABA)**
- 2) **Medications:** Currently, only **risperidone** is approved to treat children ages 5 - 16 for the irritability and aggression that can occur with autism. Other medicines that may also be used include **SSRIs**, **divalproex sodium** and other **mood stabilizers**, and possibly stimulants such as **methylphenidate**. There is no medicine that treats the underlying problem of autism.
- 3) **Occupational therapy**
- 4) **Physical therapy**
- 5) **Speech-language therapy**

179. Child with pigeon head, bowing tibia "rickets", what is the deficiency?

- a) Vitamin D deficiency.

180. 5 years child have congested throat 2 day, complain of painless, clear, vaginal discharge DX>>>>> a) Foreign body
 b) Candida
 c) N. gonorrhea
 d) **Streptococcus (SURE 100%)**
 e) tracomanas

181. After delivery start breast feeding :

- a) **As soon as possible**
- b) 8hrs
- c) 24 hrs.
- d) 36 hrs.
- e) 48 hrs.

182. A 14 years old boy with type 1 D.M. presented in coma. His blood glucose level is 33 mmol/l. Na is 142 mmol/l, K is 5.5 mmol/l, bicarb is 10 mmol/l. the following are true except : ??

- a) The initial Rx. Should be IV normal saline 3l/hourfor1-2hours
- b) IV insulinloadingdose1u/kg is necessary.
- c) IV Na bicarbonate could be given if pH is 7 or less.
- d) **Hyphosphatemia can occur during treatment.**
- e) Hyperchloremia can occur during treatment

- Hyperchloremic metabolic acidosis with a normal anion gap often persists after the resolution of ketonemia.
- This acidosis has no adverse clinical effects and is gradually corrected over the subsequent 24-48 hours by enhanced renal acid excretion.
- Hyperchloremia can be aggravated by excessive chloride administration during the rehydration phase.

183. Term baby born to a mother who developed chickenpox 7 days before delivery. The baby is a symptomatic, which is true?

- a) Give acyclovir 15 mg /kg I.V Q 8 hr. for 7 days immediately
- b) **Give acyclovir & varicella zoster immune globulin when the baby develops symptoms.**
- c) Serologic evidence is needed before initiation of therapy
- d) The mother & baby should be nursed together at their own room
- e) None of the above.

- 15% of pregnant women are susceptible to varicella (chickenpox). Usually, the fetus is not affected, but is at high risk if the mother develops chickenpox:
- In the 1st half of pregnancy (< 20 weeks), when there is a < 2 % risk of the fetus developing severe scarring of the skin & possibly ocular & neurological damage
- Within 5 days before or 2 days after delivery, when the fetus is unprotected by maternal antibodies & the viral dose is high. About 25 % develop a vesicular rash. Exposed susceptible women can be protected with varicella zoster immune globulin & treated with acyclovir. Infants born in the high-risk period should also receive zoster immune globulin & are often also given acyclovir prophylactically.

184. A 48 hours old newborn infant in critical care unit with respiratory distress & Jaundice. Hb 9g/dl, retic 4%. Maternal Hx of previous normal term pregnancy without transfusion, Blood typing shows hetero specificity between mother and child. Indirect Coomb's test is +ve. The most probable Dx is: a)

Thalassemia

- b) **Maternal-Fetal blood group incompatibility**
- c) Sickle cell anemia
- d) Septicemia
- e) Hereditary Red cell enzyme defect.

185. Which one of the following component causes contact dermatitis in children? a)

Citric acid

b) Cinnamon

- **Primary Contact Dermatitis:** is a direct response of the skin to an irritant. The most common irritants are **soap, bubble bath** (may cause severe vaginal pruritis in prepubertal girls), **saliva, urine, feces, perspiration, citrusjuice, chemicals** (creosote, acids) & **wool**.
- Allergic Contact Dermatitis: requires **reexposure of the allergen** and characterized by **delayed hypersensitivity reaction**.
- The most common allergen implicated include **poison ivy, poison oak & poison sumac** (rhus dermatitis), **jewelry** (nickel), **cosmetics** (causing eye lid involvement) & **nail polish, topical medications** [neomycin, thimerosal, **calamine, para-aminobenzoic acid (PABA)**], **shoe material** (rubber, tanning agents, dye) and **clothing materials** (elastic or latex compounds).

186. A 6 year old girl developed day time wetting for 2 days. She is fully toilet trained. She is afebrile & dry for 4 years. The most appropriate diagnostic measure is:

- a) Bladder US
- b) Examination of vaginal vault
- c) **Urine analysis & culture**
- d) Urine specific gravity
- e) Voiding cysto-urethrography

- Lab Investigations:
- **Urinalysis and the specific gravity** of urine should be obtained after an overnight fast and evaluated to exclude polyuria secondary to diabetes as a cause of frequency and incontinence and to determine if there is normal concentrating ability.
- **Urine culture** will determine the presence or absence of a urinary tract infection, which, when treated could improve continence.
- If daytime wetting is occurring, a **renal and bladder ultrasound** may help **rule out possible outlet obstruction**
- **Spine imaging or MRI** may determine if there is a neurological cause.

187. Nonbilious vomiting that increase in volume and frequency is seen

a) Alkalosis >> low K+, low chloride and metabolic alkalosis.

☐ Unconjugated hyperbilirubinemia is also present.

188. 7 months old boy presented with history of interrupted feeds associated with difficulty in breathing and sweating for the last 4 months. Physical examination revealed normal peripheral pulses, hyperactive precordium, normal S1, loud S2 and Pansystolic murmur grade 3/6 with maximum intensity at the 3rd left intercostal space parasternally. The MOST likely diagnosis is:

Small PDA (Patent ductus arteriosus).

Large ASD (Atrial septal defect).

Aortic regurgitation

Mitral regurgitation.

Large VSD (Ventricular septal defect).

189. 10 years old girl presented with a 2 days history of fever and a 4 cm, warm, tender and fluctuant left anterior cervical lymph node. The MOST likely diagnosis is

Hodgkin's disease.

Acute lymphoblastic leukemia (ALL).

Histiocytosis X.

Acute bacterial lymphadenitis.

Metastatic neuroblastoma.

190. A 7 months old child is brought to your office by his mother. He has an upper respiratory tract infection for the past 3 days. On examination, there is erythema of the left tympanic membrane with opacification.

There are no other signs or symptoms. What is the MOST likely diagnosis in this patient? a)

Acute otitis media.

Otitis media without effusion.

Chronic otitis media.

Otitis media with effusion.

Chronic suppurative otitis media.

191. Which of the following medications has been shown to be safe and effective for migraine prophylaxis in children?

Propranolol

Fluoxetine.

Lithium.

Naproxyn.

Timed-released dihydroergotamine mesylate (DHE-45).

192. A 6 years old girl is brought to the family health center by her mother. The child today had sudden onset of a painful sore throat, difficulty swallowing, headache and abdominal pain. The child has had no recent cough or coryza and was exposed to someone at school that recently was diagnosed with a "strep throat". On examination the child has a temperature of 40°C. She has tender anterior cervical nodes and exudative tonsils. The lungs, heart, and abdominal examination are benign. What treatment would you offer for this child?

Zithromax

Penicillin V

Ciprofloxacin

No antibiotics, rest, fluid, acetaminophen, and saline gargles.

Trimethoprim.

In URTI there's a McIsaac criterion (weather or not to start antibiotics): no cough, tender anterior cervical L.N., erythematous tonsils with exudates, fever > 38, age 3-14. if 0-1 no culture no antibiotics, 2-3 culture if positive antibiotics, 4 start antibiotics. And in this case 4 are present..

Treatment is by penicillin V if allergic erythromycin.

193. Composition of standard and reduced osmolarity ORS solutions, The amount of Na⁺ in ORS "oral rehydration solution" in (WHO) is:

150 meq

120

90

60

30

Composition of standard and reduced osmolarity ORS solutions

	Standard ORS solution	Reduced Osmolarity ORS solutions		
	(mEq or mmol/l)	(mEq or mmol/l) (21)	(mEq or mmol/l) (6, 14, 22-27)	(mEq or mmol/l) (13, 15-18, 28-29)
Glucose	111	111	75-90	75
Sodium	90	50	60-70	75
Chloride	80	40	60-70	65
Potassium	20	20	20	20
Citrate	10	30	10	10
Osmolarity	311	251	210-260	245

194. All of the following are true about pyloric stenosis, EXCEPT:

Incidence male more than female

Onset is generally late in the first month of life

Vomitus is bile stained

Appetite is good

Jaundice occur in association

195. Risk factor of sudden death syndrome includes all of the following, EXCEPT:

Cigarette smoking during pregnancy

Old primigravida

Crowded living room

Prematurity

Small gestational age

☐ **Potential risk factors include**

- smoking, drinking, or drug use during pregnancy
- poor prenatal care
- prematurity or low birth-weight
- Mothers younger than 20
- Smoke exposure following birth
- Overheating from excessive sleepwear and bedding
- Stomach sleeping

196. Symptoms of cystic fibrosis in neonate:

Meconium ileus

- Pneumothorax
- Steatorrhea
- Rectal prolapse

☐ Meconium ileus is associated with CF (defect in chromosome 7, autosomal recessive)

197. MMR given at age of:

- 3 months
- 8 months
- 12 months**
- 24 months

198. DKA in children, all of the following are true EXCEPT:

- Don't give K⁺ till lab results come
- ECG monitoring is essential
- If pH < 7.0 give HCO₃⁻
- NGT for semiconscious pt
- Furosemide for patient with oligouria**

☐ Give fluid (volume resuscitation) is the goal. Polyuria is one of DKA symptoms, not oliguria.

199. To prevent tetanus in neonate:

- Give anti-tetanus serum to neonate
- Give immunoglobulin to mother
- Give tetanus toxoid**
- Give antibiotics to mother
- Give penicillin to child to kill tetanus bacilli

☐ DTP= diphtheria, tetanus & pertussis D&T are toxoids, P is inactivated bacteria Route

200. Hypothyroid in young baby usually due to:

- Endocrine irresponse

Enzyme deficiency

Drug by mother

Agensis

Missing or misplaced thyroid gland

Most babies with CH are missing their thyroid gland or have a thyroid that did not develop properly. In some cases, the thyroid gland may be smaller than usual or may not be located in the correct place.

In healthy people, the thyroid gland is located in the center of the front of the neck, near the top of the windpipe. In some children with CH, the thyroid gland may instead be under the tongue or on the side of the neck. If the thyroid gland is in the wrong place, or if it is underdeveloped, it often does not work well and makes less thyroid hormone than needed by the body.

If the thyroid gland is missing, the baby cannot make any of its own thyroid hormone. A missing, underdeveloped or misplaced thyroid gland is a birth defect that happens for unknown reasons and is usually not inherited.

201. 6 months old patient with sepsis, the most likely organism will be: a)

Listeria.

Hemolytic Streptococci.

H. Influenza type B.

Staph. Epidermis.

202. Hospitalized child (on chemotherapy) and when start IV access develop sepsis organism: a)

E. coli

Pseudomonas

strep

203. All are vaccines given in Saudi Arabia to normal children EXCEPT: a)

TB.

Pertussis.

H. Influenza type B (HiB).

Mumps.

Diphtheria

204. Neonatal just delivered, term pregnancy. Developed respiratory distress CXR showed multicystic lesion in Lt side shifted mediastinum to the Rt , decreased bilateral breath sound & flat abdomen: a)

Diaphragmatic hernia

RDS

Emphysema

205. 2 months boy with projectile vomiting. On examination olive mass in right upper quadrant of abdomen. 1st step of investigation is:

X-ray abd.

U&E

Barium study

US

206. Sign of congestive heart failure in children all .EXCEPT

Gallop rhythm

Periorbital edema

Basal crept.

Hepatomegaly

Bounding pulse

207. Treatment of tetralogy of fallout ,all true EXCEPT

Thoracotomy

Use of systemic antibiotics.

Chest tube insertion.

Definitive management is total correction of pulmonary stenosis and VSD this can be performed even in infancy

Blalock shunt if pulmonary arteries are excessively small, to increase pulmonary blood flow and decrease hypoxia

This consists by creation of shunt from a systemic to pulmonary Artery by anastomosis between subclavian to pulmonary artery(pulse is not palpable on ipsilateral side after procedure)

Antibiotic prophylaxis for endocarditis ☐Fallot's spells need propranolol ☐Vasodilators should be avoided.

208. Child presented with history of restless sleep during night, somnolence "sleepiness" during day time, headache....etc the most likely diagnosis is

Sinopulmonary syndrome

Sleep apnea

Laryngeomalacia

Adenoidectomy.

Tonsillitis and enlarged adenoids may occlude the nasopharyngeal airway especially during sleep, this results in obstructive sleep apnea, the child will present with loud snoring punctuated by periods of silence followed by a large gasp and as a complication of interrupted sleep ,child will have somnolence and sleep during the day

Laryngeomalacia: the stridor starts at or shortly after birth and is due to inward collapse of soft laryngeal tissue on inspiration. It usually resolves by the age of 2 or 3yrs, but meanwhile the baby may have real respiratory difficulties, diagnosis is confirmed by laryngoscopy.

209. Child attended the clinic 3 times with history of cough for 5 days, he didn't respond to symptomatic treatment, which of the following is true in management?

CXR is mandatory

Trial of bronchodilator

Trial of antibiotics

☐Cough is the most common symptom of respiratory disease and indicates irritation of nerve receptors in pharynx, larynx, trachea or large bronchi. While recurrent cough may simply indicate that the child is having respiratory infection, in addition to other causes that need to be considered

210. Meningitis in childhood, all are true, EXCEPT:

Group B streptococci and E.coli are the most common cause in neonates.

H. influenza meningitis can be treated by ampicillin or chloramphenicol.

Present with specific signs in neonates

If pneumococcal meningitis, Rifampicin is given to contact.

May be (b) if we consider that H. influenza is becoming resistant to penicillin, but if we consider that it is an old question, then, it is true information and the answer will be (d).

The most common pathogens in neonates are: E. coli, group B streptococci and L. monocytogenes. ☐
Chemoprophylaxis of contacts is not necessary to prevent the spread of pneumococcal meningitis.
However, chemoprophylaxis is an important aspect of prevention of invasive pneumococcal infections in children with functional or anatomic asplenia (e.g. SCD). Besides, the prophylaxis will be with penicillin not with rifampin

311

211. Development in children, all are true EXCEPT:

a) At 1 year can feed himself by spoon

212. 2 weeks old infant with jaundice, cirrhosis and ascites, the cause is: a)

Gilberts disease

Crigler-najjar syndrome

Congenital biliary atresia

Dubin

213. Whooping cough in children, all are true EXCEPT:

Absolute lymphocytosis.

Can cause bronchiectasis.

Patient is infective for 5 weeks after onset of symptoms.

The incubation period is typically seven to ten days in infants or young children, after which there are usually mild respiratory symptoms, mild coughing, sneezing, or runny nose. This is known as the catarrhal stage. After one to two weeks, the coughing classically develops into uncontrollable fits, each with five to ten forceful coughs, followed by a high-pitched "whoop" sound in younger children, or a gasping sound in older children, as the patient struggles to breathe in afterwards (paroxysmal stage).

Persons with pertussis are infectious from the beginning of the catarrhal stage (runny nose, sneezing, lowgrade fever, symptoms of the common cold) **through the third week after the onset of paroxysms** (multiple, rapid coughs) or until 5 days after the start of effective antimicrobial treatment.

Common complications of the disease include pneumonia, encephalopathy, earache, or seizures

Most healthy older children and adults will have a full recovery from pertussis; however those with comorbid conditions can have a higher risk of morbidity and mortality.

Infection in newborns is particularly severe. Pertussis is fatal in an estimated 1.6% of hospitalized infants who are under one year of age. Infants under one are also more likely to develop complications (e.g., pneumonia (20%), encephalopathy, seizures (1%), failure to thrive, and death (0.2%). Pertussis can cause severe paroxysm-induced cerebral hypoxia and apnea. Reported fatalities from pertussis in infants have increased substantially over the past 20 years

214. About Kernicterus, all are true EXCEPT:

Can occur even if neonate is 10 days old.

It causes neurological abnormalities, it can be reversed.

Can cause deafness.

All types of jaundice cause it.

311

Kernicterus: Severe hyperbilirubinemia TSB>25-30 mg/dl (428-513 micromol/l) is associated with increased risk of Bilirubin-Induced Neurological Dysfunction (BIND) which occurs when bilirubin crosses BBB & bind to brain tissue.

The term acute bilirubin encephalopathy (ABE) is used to describe acute manifestation of BIND, the term " KERNICTERUS" is used to describe the chronic & permanent sequelae of BIND. So, regarding the choice (b) is not a rule b/c early detection can prevent permanent neurological deficit & reverse the acute (ABE) but the "KERNICTERUS" is a term used to describe the chronic sequelae.

Emed: Kernicterus: . Age: Acute bilirubin toxicity appears to occur in the 1st few days of life of the term infant. Preterm infants may be at risk of toxicity for slightly longer than a few days. If injury has occurred, the 1st phase of acute bilirubin encephalopathy appears within the 1st week of life. .

Complications of kernicterus: Extrapyramidal system abnormalities, auditory dysfunction, gaze dysfunction, dental dysplasia.

Infant brought by the mother that noticed that the baby has decreasing feeding, activity and lethargic on examination febrile (39), tachycardia, his bp 75/30, with skin rash. DX: a) Septic shock

4 years old child what can he do :

Copy square and triangle

Speak in sentences

217. Regarding child with moderately severe asthma, all are true EXCEPT: a)

PO2<60

PO2>60

Low Bicarb. Level

IV cortisone can help.

Moderately-severe asthma: The R.R. is increased. Typically, accessory muscles of respiration are used, and suprasternal retractions are present. The H.R. is 100-120 b/min. Loud expiratory wheezing can be heard.

Pulsus paradoxus may be present (10-20 mm Hg). Oxyhemoglobin saturation with room air is 91-95%. 250 cases in clinical medicine: . Indicators of VERY SEVERE, LIFE-THREATENING attack (NOT moderately – severe attack):

Normal (5-6 kPa, 36-45 mmHg) or increased CO2 tension.

Severe hypoxia of LESS than 8 kPa (60 mmHg).

Low pH.

In very severe, life threatening attack: Normal or increased PCO2 -----Low pH (resp. acidosis) --High Bicarb, level

In moderately severe attack: Hyperventilation low PCO2 -High pH (resp. alkalosis) --Low Bicarb. Level.

218. A blood transfusion given to child who then developed a bleed, what is the cause: a)

↓prothrombin

↑fibrinolytic activity

↓ca++

↓Fibrinogen

↓platelets Bleeding due to depletion of platelets and clotting factors in stored blood

☐ Fibrinogen deplete faster than platelets → answer is ↓fibrinogen Treatment first is FFP if not corrected then platelet transfusion

219. A child came to ER due to haematuria after history post strept GN, so the diagnosis test: a)

LowC3

Increase BUN creatinine

Streptozyme

☐ **Diagnosis depends on:**

+ve pharyngeal or skin
culture

rising antibody titer ➤

↓ complement.

220. Child brought by his father looks pale doesn't like to meat. Hypochromic microcytic anemia a)

Bone Marrow biopsy

Transfusi

Daily iron and vitamin

221. Treatment of meningitis:

Amoxicillin

Deoxycillin

Ampicillin

Meningitis, CSF : Glucose normal, protein high, high leukocytes mainly lymphocytes 70: a) Viral meningitis

Risk factor for HSV II accusation in infants all of the following EXCEPT:

Cervical transmission is commoner than labial

Maternal first episode is of greater risk than recurrence

Maternal antibodies against HSV I protect from HSV II

Head electrodes increase risk of infection

Neonatal herpes simplex encephalitis → the predominant pathogen is HSV-2 (75% of cases), which is usually acquired by maternal shedding (frequently asymptomatic) during delivery. A preexisting but recurrent maternal genital herpes infection results in 8% risk of symptomatic infection, usually transmitted at the second stage of labor via direct contact. Should the mother acquire genital herpes during pregnancy, the risk increases to 40%.

The absence of a maternal history of prior genital herpes does not exclude risk; in 80% of cases of neonatal HSE, no maternal history of prior HSV infection is present. Prolonged rupture of the membranes (>6 h) and intrauterine monitoring (eg, attachment of scalp electrodes) are risk factors.

In about 10% of cases, HSV (often type 1) is acquired post-partum by contact with an individual who is shedding HSV from a fever blister, finger infection, or other cutaneous lesion

224. 5 years old child with abdominal pain after 2 wks of URTI, HB 8, retics 12% WBC NL peripheral blood smear showed target cells, RBC inclusions dx:

a) SCA (the only hemolytic anemia in the answers)

☐ This child has a vaso occlusive crisis of SCA that caused by URTI, High retic >> hemolytic, Target >> SCA inclusion >> functional asplenia (which occurs in SCA)

225. Child, ingested acoustic material, looks ill and drooling what is your immediate action: a)

Antibiotics

Endoscopy

Chelating agent

Airway assessment

226. Most common cause of failure to thrive?

Asthma

Intolerance to failure to proteins and carbohydrates

Cystic fibrosis

Low socioeconomic status

GERD

227. 3 years old his parents has TB as a pediatrician you did PPD test after 72 hr you find a 10mm induration in the child this suggest

Inconclusive result

Weak positive result

Strong positive result

228. 8 month child with coryza, fever, cough, T 38 c. best management is:

Paracetamol + culture sensitivity

Admission and start parenteral Antibiotic

229. child developed fever, headache after rupture of maculi lesion on his face a)

Varicella

HSV1

HSV2

CMV

Rubella

230. Child with BMI 24.4

a) Normal BMI

231. 12 years old boy with jaundice & increase indirect bili dx :

Autoimmune hepatitis

Glibert

232. DPT vaccine shouldn't give if the child has:

Coryza

Diarrhea

Unusual cry

Fever = 38

233. Vasoconstrictive nasal drops complication :

a) Rebound phenomenon

234. Epididymitis:

Common at the age 12-18

Iliac fossa pain

Scrotal content does not increase in size.

Ultrasound will confirm the diagnosis.

None of the above

235. Childhood asthma all are true except:

90% bronchospasm are induced by exercise.

Inhalation of beclomethasone is safe.

Inhalation by aerospace chamber in younger child.

Hypercapnia is the first physiological change.

Cough is the only symptom.

Regarding A: Upper respiratory tract infection is the most common cause of asthma exacerbations!!! not bronchospasm only which is not a complicated problem!

B, C and D are correct

Cough (nocturnal usually) can be the only symptom but cyanosis, SOB, wheezing....etc. can occur.

236. Diarrhoea can occur in all the following, EXCEPT:-

Hypothyroidism

Hyperthyroidism

237. 18 months baby can typically do the following except:

Have a vocabulary of 10 words

Build a ten brick tower.

Drink from a cup.

Feeds himself with a spoon.

☐ Explanation: Can build a tower of 2 - 3 blocks, can use a spoon & cup and can say 10 words.

238. Acute gait disturbance in children, all of the following are true EXCEPT:

Commonly self-limiting

Usually the presenting complaint is limping

Radiological investigation can reveal the Dx

most often there is no cause can be found

239. All the following can cause small stature in children except:

Hypothyroidism

tunner syndrome

kliefenter syndrome

Down syndrome

240. In new born ,the following needs immediate treatment:

a) asymptomatic Hydrocele

Erupted tooth

Absent femoral pulse

241. A 6 weeks old infant presented with yellowish eye discharge and persistant tearing of one eye since birth, all of the following are true Except

Treatment include sulphacetamide ointment daily

Advice the mother to do warm massage

Can be treated by systemic antibiotics

Do probing to bypass the obstruction

242. Mother came with her child who had botulism, what you will advise her

Never eat canned food again

Store canned food at home

Boil canned food for 40-50 min

Check expiry date of canned food

243. Child fell on her elbow and had abrasion, now swelling is more, tenderness, redness, swelling is demarcated (they gave dimensions) child has fever. Dx:

Gonoccal arthritis

Synovitis

Cellulitis of elbow

244. You are supposed to keep a child NPO he's 25 kgs, how much you will give: a)

1300

1400

1500

1600

245. 6 yes old patient cyanosis past history of similar attack 6 month ago u will do for him a)

CXR

PFT

secure airway

CBC

246. Parents brought their baby to you who is on bottle feeding. On exam whitish lesion on either side of teeth seen with blackish lesion on maxillary incisors and second molar teeth. There is history of leaving the baby with bottle in his mouth during sleeping. The Dx:

Nursery dental caries

Gingvostomatitis

247. Which of the following is describe the normal developmental stage for 6 months old child : a)

Sits without support

Rolls front to back

No head lag.(3 months)

Stand alone. (1 year)

248. Case about diagnosis of acute lymphocytic leukaemia ALL

The total number of white blood cells may be decreased, normal, or increased, but the number of red blood cells and platelets is almost always decreased. In addition, very immature white blood cells (blasts) are present in blood samples examined under a microscope.

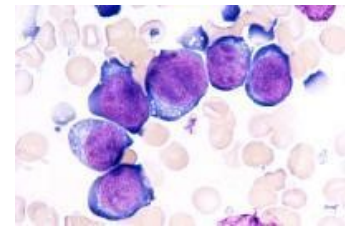
A bone marrow biopsy is almost always done to confirm the diagnosis and to distinguish ALL from other types of leukemia

249. Most common tumor in children

ALL

rhabdomyosarcoma

Wilm's tumor



ALL : most common childhood tumor

Rhabdomyosarcoma : most common soft tissue tumor

Wilm's tumor: most common intra- abdominal childhood tumor

Baby with vesicles on the face and honey comb crust which of the following organism cause it: a)

Staph aureus

Child came to ER with fever, stridor, x-ray showed swollen epiglottitis, in addition to oxygen, what u will do?

Throat examination.

An emergency tracheostomy.

Endotracheal intubation

Nasopharyngeal intubation.

252. Child with aspirin intake overdose ...what kind of acid base balance:

Metabolic alkalosis wt respiratory

Metabolic acidosis wt respiratory alkalosis

Respiratory alkalosis with metabolic acidosis

Respiratory acidosis with metabolic alkalosis

253. Eight years old child with late systolic murmur best heard over the sternal border, high pitch, crescendo, decrescendo, diagnosis is

Physiological murmur

Innocent murmur

Ejection systolic murmur

Systolic regurgitation murmur

254. Child was presented by congested throat , coryza , high grade fever , which of the following is true regarding this condition :

Viral > bacterial

Bacterial > viral

Antibiotics should be given any way

It is most likely due to EBV

255. Baby with red macule & dilated capillary on the right side of the face

Sturge-Weber Syndrome or Nevus Flammeus

Milia or cavernous haemangioma

4 years old girl, decrease head growth, decrease social interaction, decrease in language ...etc: a)

Rett's syndrome

3 years old with symptoms of acute urinary tract infection which of the following you would like to do in this acute state:

Renal U/S

Foley catheter

VSUG

258. Child with fever and runny nose, conjunctivitis and cough then he developed Maculopapular rash started in his face and descend to involve the rest of the body: a) EBV

Coxsackie virus

Rubella virus

Vaccinia virus

259. Child with moderate asthma and he on b2 agonist what you will add to decrease the recurrence of asthma attacks

a) **corticosteroids inhaler**

260. 6 years old boy, eat the paper and soil, best initial ttt is: a)

Fluoxetine.

b) **Behavioral therapy.**

261. 4 years old child, was diagnosed as SCD, so many times came to hospitals with, dyspnoea, dactylitis, (he put sign of acute crises), the best strategy for prolonged therapy is:

IV hydration fluids with analgesia.

Follow in Out pt clinic

Refer to tertiary haem center.

262. Neonate with mucopurulent eye discharge lid swelling and culture positive for gm -ve diplococcus , treatment

a) **intravenous cephalosporin**

263. Children while he was playing a football , the ball hit his hand from lateral fingers, after a while the child complains pain and swelling on those fingers and painful middle finger with hyperextension of

interphalangeal joint, swelling was more in the DIP and IP Joints , also , there was pain on his palm, what is the most likely cause:

Rupture of profound muscles in hand

Rupture of superficial muscle

264. child transfer to another city and attend a new school he lose his attention and doesn't react with colleagues the most appropriate description:

a) Adjustment syndrome

265. Child has 39 fever, red tonsils with no exudate , slightly enlarged LN but not tender a)

Could be viral or bacterial

It is unclear so start antibiotic

It is more likely viral

It is more likely bacterial

It is EBV

266. Neonate with bilious vomiting, don't pass feces next investigation: a)

Barium enema

b) PR examination (R/O Hirschsprung dis.)

Child in well-baby clinic can name 4 colour say 5 word, hop on one leg .what is the age ? a) 48 months

Child was playing and fell in the toy, his leg rapped and twisted he don't want to walk since yesterday:? a) ankle tissue swelling

spiral tibial fracture

chip tibial fracture

femur neck of the tibia fracture

269. 4 years old child loss his skill and became isolated

Autism

Asperger

270. To prevent infection in new born

Hand wash between examine every child

Wear Gloves

Overshoes

Clean from equipment

271. most common parotid gland tumour in children is

a) Mixed tumor (pleomorphic adenoma)

272. what is the most common malignant parotid tumour in children:

Mucocystic carcinoma

Adenocarcinoma

Undifferentiated CA

Undifferentiated sarcoma

273. Child 3 years old fell from the bed vomited twice and has mild headache and no loss of consciousness..you will:

call for neurologist

send home with close observation

CT scan

MRI

274. 2 years old child with hair loss in the temporal area and boggy swelling “ I think was 3 cm !! , multiple pustules ... ?

Trichotillomania

Aplasia cutis congenital

Kerion

favus

275. One of the following is component of TOF?

ASD

VSD

Lt ventricular

276. Patient talking to doctor and the pt look to his right side most of the time, when the doctor asked him why is that? He said that his mother is there but in fact no one is there, after asking the pt family they said that the mother died when he is child Dx?

Visual hallucination

Auditory hallucination

Psychosis

277. Child on nutritional supplementation came to ER with 2 hours, hx of vomiting, nausea, abd. Pain DX a)

Hypervitaminosis

b) Iron overdose

278. Child after his father died start to talk to himself , walk in the street naked when the family asked him he said that his father asked him to do that , he suffer from those things 3 days after that he is now completely normal and he do not remember much about what he did Dx ??? a) Schizophrenia

Schizoaffective

Psychosis

There was a fifth choice I do not remember it, I think they make from his father death a cause.

Chromosome abnormalities associated with congenital heart defects. Some of these include the following:

Down syndrome, trisomy 18 and trisomy 13m Turner's syndrome, Cri du chat syndrome, WolfHirshhorn syndrome, DiGeorge syndrome, genetic syndromes associated with a higher incidence of heart defects include, but are not limited to, the following: Marfan syndrome, Smith-Lemli-Opitz syndrome, Ellisvan Creveld, Holt-Oram syndrome, Noonan syndrome &Mucopolysaccharidoses

VSDs are the most common congenital heart defects encountered after bicuspid aortic valves. Some children with ASDs have poor weight gain, they remain somewhat small, and they may have exertional dyspnea or frequent upper respiratory tract infections, but generally have no restrictions on their activity

AGE	Causative organism	Treatment
< 1 MONTH	GBS, E coli	Ampicillin + cefotaxime or gentamicin
1-3 MONTHS	S.pneumonia, H.influenza Meningocci	Vancomycin + cefotaxime or ceftriaxone
3 MONTHS – ADULT	Pneumococci, meningococci	Vancomycin + cefotaxime or ceftiaxone
>60 YEAR\acoholism	Pneumococci, meningococci Gram –ve bacilli	Ampicillin + vancomycin + ceotaxime or ceftiaxone

279. An old male is coming to the clinic to receive the influenza vaccine. His asking about the reason of taking the vaccine every year, you will tell him:

a) Viral antigenic drift.

280. child with flu like illness with red non-blanching papules : a)

ITP

b) Infectious mononucleosis

281. Child with high-grade fever for 5 days and sore throat, on examination there was tonsillitis and white patches on the gingiva. No LN enlargement, ASO is negative. The most likely causative organism is: a) Coxsackie virus.

Herpes simplex virus.

EBV.

282. A child presented with Mild gastroenteritis, you will manage him with:

50 mL/kg of ORS over first 4 hours, then 50 ml with each bowel motion or as a maintenance .

50 mL/kg of ORS over first 4 hours, then 100 ml with each bowel motion.

100 mL/kg of ORS over first 4 hours, then 50 ml with each bowel motion.

100 mL/kg of ORS over first 4 hours, then 100 ml with each bowel motion.

☐ Maintenance fluid is different and it depends on the age of the patient (500 mL/day for children younger than 2 years, 1000 mL/day for children aged 2-10 years, and 2000 mL/day for children older than 10 years) I think they mentioned the age of the child but I can't recall it. Also, in the choices I'm not sure if it says (with each bowel motion or as a maintenance)

283. Child presented with diarrhea, fatigue, abdominal pain and jaundice for few days. There was history of drinking contaminated water. The most likely organism is:

Hepatitis A.

Hepatitis C

284. Infant come after 5 weeks with difficult breathing and occasionally turns to blue. On examination there was pansystolic murmur, most likely Dx:

Large VSD

ASD

Left ventricle hypoplastic.

285. A child presented with sore throat and fever. She had history of impetigo and was resolved completely during an appropriate course of antibiotic, ASO titer was positive. The same antibiotic was prescribed to her condition, and the proper duration for such case is: a) 5 days.

7 days.

10 days. (Answered by Pediatric ID consultant)

286. A mother came to your clinic and she worries about her overweight child. Your advice is that the best way helps in losing weight is to:

Decrease calorie intake.

Increase water intake.

Eat a lot of vegetables

287. 3 months Child with low-grade fever, wheezing. CXR shows hyperinflation and some infiltrate what's the diagnosis?

CROUP

Epiglottitis

Bronchial asthma

288. Child with diarrhea with mild dehydration what's the ORS protocol for him?

50 ml/kg in the first 4 hours then 100 ml/kg as maintenance till diarrhea stops.

100 ml/kg in the first 4 hours then 100 ml/kg as maintenance till diarrhea stops.

50 ml/kg in the first 4 hours then 50 ml/kg as maintenance till diarrhea stops.

100 ml/kg in the first 4 hours then 50 ml/kg as maintenance till diarrhea stops

289. Pediatric patient from developing country presented with muscle wasting, weight loss and absent edema. What is the diagnosis:

Marasmus

Kwashiorkor

Muscle wasting syndrome

Marasmus	kwashiorkor
----------	-------------

present of muscle wasting
Body weight less than 80% of average weight.
absence of edema
increase prior to age 1

presence of edema
increase in >18 months
muscle wasting syndrome:
Loss of weight.
Muscle atrophy.
In older pt with chronic disease.

290. Infant with high grade fever, Irritable, Look sick.. Complain of anuria 4 hour with multiple petechiae and purpura on body. He was tachycardic and hypotensive DX a) Renal failure

b) Septic shock

311

291. 5 years old baby presented with his parents with pallor his HB is 9, he has microcytic hypochromic anemia, no other complain. What you will do for him?

iron therapy and close observation

daily multivitamins with iron

292. 3 months old baby brought by his parents complaining of abd. distention bilious vomiting, constipation, the parents informed that the constipation has been an issue since his birth, what is the single diagnostic investigation to do ?

barium enema

plain x-ray

rectal examination

293. Child with SCD, about pneumococcal vaccine

give 23 valent in high risk only

give heptavalent after 2 years

child with high risk give the vaccine along with antibiotics when exposed to infected ppl)

294. 18 month old boy came with bite by her brother what you will do? a)

Augmentin

tetanus toxoid

suture

295. Child with inferior and pain but with normal movement of knee, no effusion on knee what the important thing to do?

blood culture

ESR

ASO titer

aspirate from knee joint

plain film on thigh

296. perthes disease all except

Can be presented with painless limp

It always unilateral

297. child with low grade fever , sore throat in examination there is lymph node enlargement but not tender and no exudate on pharynx DX

It is most likely streptococcal than viral

It is viral more than bacterial

Most likely EBV

298. Child complaining of fever, sore throat all examination was normal What is the treatment? a)

Cefuroxime

Ceftriaxone

Give paracetamol and take pharynx swab

299. A baby with blood in the stool and bought of crying and x ray shows obstructive pattern.. looks like intussusception you will do:

surgery

Barium enema

observation

give IV fluids and let obstruction solve itself

3 months baby with history of bronchiolitis, what is the cause? a) RSV

newborn Apgar score 3 (cyanotic, limp, decrease breathing, HR less than 60) your action: a) Volume expansion

Chest expansion

Ventilation

Bicarbonate

302. in rheumatic fever:

Bacteria in blood

Bacteria lodge in myometrium

Skin invasion

303. the most common cause of epistaxis in children is:

Nasal polyps

Self-induced

304. One of the following manifests as croup:

Foreign body

Pneumonia

Common cold

Asthma

305. perinatal mortality

Include all stillbirth after the 20th weeks of pregnancy

include all neonatal deaths in the first 8 weeks of life

include all stillbirth and first weeks of neonatal deaths

is usually death per 10,000 live birth

306. malaria in a child:

crescent shape gametocyte of vivax is diagnostic in the stool
the immediate treatment primquine for 3 days
72h treatment of malaria is suffeicent
the most common cause is falciparum

307. scaly purple lesions in the face of a child the cause

staphylococcus aureus
beta hemolytic streptococcus
H. influenza

308. Regarding group A streptococcus. Infection have lead to rheumatic fever :

blood dissemination
By causing pharyngitis, tonsillitis.
Joint invasion.
Affect skin.
reach endocardium

309. Treatment to increase fetal hemoglobin in sickle cell disease :

a) hydroxyurea

310. IV fluid (LR) can be given at age:

3 months
8 months
12 months
24 months

311. Normal child, he want to walking, he have brother dead after walking, what of the following must be excluded before walking?

PDA
VSD
hypertrophic cardiomyopathy

312. Child with leukemia he has septicemia from the venous line the organism is a)

E coli
GBS
Pseudomonas

313. 6 years old child presents with straddling gait and in ability to stand or walk without support, he is irritable with vomiting 3 times; he has a history of chickenpox 3 weeks ago. O/E all are normal except resistance when trying to flex the neck, what is the most likely diagnosis: a) Fradrich's ataxia

Acute cerebellar ataxia
Meningioencephalitis
Gillian Barre syndrome

314. Newborn presented with conjunctivitis and O.M , what's the treatment?

☐ guess this is a case of infection with chlamydia intrauterine , they asked about several AB there is no doxycycline nor erythromycin

315. Newborn has vomiting after every meal intake. The examination was normal and the only abnormality was dehydration. No other clinical signs. No tests ordered yet. What will you do? a) Order abdominal CT

Reassure the parents

Refer to GS

Discharge on ORS

316. Child with SOB and runny nose came with fever (38) all the sign of respiratory distress there .. There is diffuse wheezing on the chest with prolonged expiration and inspiratory crackles ,, diagnosis: a) viral

pneumonia

bronchiolitis

croup

bacterial pneumonia

317. 5 year old child had abdominal blunt trauma, doctor confirm presence of internal hematoma in 1st and 2nd part of duodenum, high amylase mx?

CT-guided hematoma drainage

duodenal resection

exploratory laparoscopy

Don't remember. I think conservative

318. 5 months old baby , in ER with sudden abdominal pain , pain last 2-3 min with intervals of 10-15 mins between each attack

Intussusception

infantile colic

appendicitis

319. Child with small macules mainly in the chest plus knee and elbow arthritis, Diagnosis? a)

Juvenile RA

b) Infectious arthritis

320. Child presented with jaundice, vomiting, hepatomegaly.. etc. What hepatitis virus is more likely to be the cause:

A

B

C

321. Child with iron toxicity, best way of management:

Gastric lavage

Ipecac syrup

Magnesium citra

☐Forgot the rest of choices, but there was no deferoxamine or charcoal

322. Rash description: Dew drops on rose petal?

Measles
Rubella
Urticaria
Chicken pox
Psoriasis

323. 1 month child with vomiting, abdominal distension, and constipation since birth, next step in diagnosis:

- a) Digital rectal examination
- b) US

324. Child with non-bilious vomiting and abdominal distension. On exam. Small mass in epigastic area. X-ray shows double bubble:

- a) Pyloric stenosis

325. In child sleep with milk bottle in his mouth, the most common complication is; a)

- Dental cries
- b) Aspiration pneumonia

What vitamin you will give to prevent hemorrhagic disease of newborn? a)

Vitamin k

clavicle fracture in infant:

Usually heal without complication

Usually associated with nerve injury

Need figure of 8

328. Child with mumps. Common complication for this age

- a) Meningitis

329. 5 year old female child with history of pharyngitis for 4 days and persistent odorless vaginal discharge.

Likely etiology:

Streptococcus
Chlamydia
Neisseria Gonorrhea
Foreign body

330. Which of the following is a clinical sign of Kawasaki?

- a) strawberry tongue

331. He can sit without assistant, Stand after catching the furniture, say “dada” and uses pincer grasp, what’s his old?

6 month
8 month
12 month
18 month

332. 2 month old treated with topical erythromycin after conjunctivitis for 7 days, now complaining of creamy whitish plaque in the tongue, what is the treatment? a) Oral nystatin

Topical Acyclovir

Topical Steroid
Oral Antibiotics
Oral Steroid

☐ I think if it is candida the answer Oral nystatin but am not sure again!!

333. 7 month old, low grade fever, dry cough, wheezing, hyperinflation with some mild infiltration, what is the diagnosis?

Bronchiolitis

Asthma
Pneumonia

334. Child brought by the parent with history of 2 days vomiting after assessment it was mild dehydration what you will give?

ors alone
ors + antiemetic -- i pick this one
ors+abx

335. Weird scenario about child brought by the parents complains of teeth bleeding after brushing + gingival bleed + vesicles or papule ... what's the cause?

candida
herpes
coxacke

336. Child asthmatic and whenever exposed to dust mites, he is having an asthmatic attack. What will advise his family regarding mites in home?

Change the home humidity to 80-85 %
wash his clothes and sheets with warm water
Cover his pillow with nylon

337. Child came with bilateral swellings in front of both ears. What is the common that could possibly happen for one within his age?

Orchitis
Meningitis
Encephalitis
Epididymitis

338. Child came to the emergency complaining of vomiting, abdominal pain and inguinal mass.

O/E there is a blue spot above the testicle and cremstric reflux was present and not affected.. Dx a)

Testicular torsion
Appendix testis torsion
Obstructed hernia

339. Baby in NICU has a heart rate of 300, good blood pressure level. What should u do: a)

DC shock

IV Amiodarone

Digoxin

Carotid massage

340. Newborn with 300 bpm , with normal BP , normal RR , what do you will do for newborn : (atrial flutter)

a) Cardiac Cardiversion

Verapamil

Digoxin

Diltiazem IV

☐ If you suspect atrial flutter: Consider digoxin if not already in use because it frequently increases the conduction ratio and decreases the ventricular rate. , Avoid adrenergic and atropine agents during sedation or anesthesia for cardioversion. Ketamine is relatively contraindicated

341. Baby with streptococcal pharyngitis :-

Treatment after 9 days carries no risk of GN

Treatment effective in prevention of GN

Clindamycin effective against gram -ve organisms

all choices are wrong

342. child with hyperemia and plugging of tympanic membrane had previous history of treated impetigo so

Treatment is:

Cefuroxime

Amoxicillin

Erythromycin

Ceftriaxone

Cephalexin

343. child , urine odor like burned sugar

Phenylketonuria

Maple syrup urine disease

344. Continuous machinery murmur :

a) PDA patent ductus arteriosus

Typical case of bronchiolitis (respiratory distress and what not) you should manage by : a)

Oxygen

A child that is sickler and has had recurrent cholecystitis , and found to have 7 gallstones your management is :

cholecystectomy

ursodeoxycholic

347. To prevent neonatal infection in hospital :

a) wash hands before and after each pt

348. only killed vaccine :

a) Hepatitis B

349. Prophylaxis of contact meningitis :

a) Rifampicin for 7 days

350. mother came with her obese child

a) Decrease calorie intake

351. Best management in case of child with iron overdose ingestion is :

a) Gastric lavage (no defirrox...in choice)

352. child with fever hypotension oliguria

a) septic shock

353. child treated by abx develop white patches

a) antifungal

354. CPR in child

a) 15 compression and 2 ventilation

355. about varicella vaccine in adult , which is true ;

2 vaccine apart of 1 month

2 vaccine apart of 6 month

2 vaccines apart of 2 month

3 vaccine apart of 6 month

Family medicine and statistics



1. Positive predicative value :

- a) Patient who has high Risk factor & positive test

2. Female come to family physician ask about diet that decrease CVD, (She has family history)? a)

Increase fruit and vegetable

Decrease the intake of meat and dairy

Decrease the meat and bread.

3. Most difficult method to prevented in transmission:

Person to person

Vector

Droplet

Air flow

4. Null hypothesis :

The effect is not attributed to chance

There is significant difference between the tested populations

There is no significant difference between the tested populations

5. The specificity is:

When the person does have the disease with +ve test

When the person does have the disease with -ve test

When the person does not have the disease with +ve test

When the person does not have the disease with -ve test

Sensitivity (if +ve for disease thats mean true positive) ..

Specificity (if -ve for disease thats mean true negative) ..

6. What is the best way of health education:

Mass media

Internal talk

Individual approach

7. Child newly diagnosed with asthma and allergy to mist dust what u will advise his parent?

- a) Advice to remove all the carpet and rugs

Cover his bed and bellow withimpermeable cover

Wash the clothesand linen in hot water

Humid house with 80 % humidity

Cooling clothes

8. What is the definition of standard deviation

- a) Measurement of variety

9. Attributable risk

- a) Measurement of have the disease and not exposed with those exposed and have the disease

10. One of these not live vaccine:

HBV

OPV

MMR

11. You have an appointment with your patient at 10 am who is newly diagnosed DM, you came late at 11 am because you have another complicated patient, what are you going to say to control his anger?

a) Told him that there is another patient who really need your help

12. best prevention of dust mites

Cooling clothes

Humid house with 80 % humidity

Boiling cloths and linen

☐ Eradication of dust mite

Reduce humidity levels to less than 50 percent inside your home, especially in the bedroom

Airing out the house with open windows allows entry of pollen, which is another allergen as well as food for dust mites.

Wash all bedding weekly. Research has shown laundering with any detergent in warm water (77 degrees F) removes nearly all dust mite and cat allergen from bedding

Avoid overstuffed furniture because it collects dust

avoid wool fabrics/rugs because wool sheds particles and is eaten by other insects

Use washable curtains and rugs instead of wall-to-wall carpeting

Cleaning and washing items that harbour them, exposing them to temperatures over 60 °C (140 °F) for a period of one hour

13. Likelihood ratio of a disease incidence is 0.3 mean

Large increase

Small increase

No change

Small decrease

Large decrease

14. Town of 15000 populations, in 2009 numbers of deliveries was 105. 5 of them are stillbirth, 4 die in first month, 2 die before their 1st birth day. If 700 move out and 250 move in what is the perinatal mortality rate?

9

8

4

6

15. At a day care center 10 out of 50 had red eye in first week , another 30 develop same condition in the next 2 week , what is the attack rate

40%

60%

80%

20%

☐ **Attack rate** is the cumulative incidence of infection in a group of people observed over a period of time during an epidemic, usually in relation to food borne illness.

16. What is the most common medical problem faced in primary health care is? a)

Coryza

UTI

Hypertension

17. The greatest method to prevent the diseases :

Immunization

Genetic counseling

Environment modification

Try to change behavior of people toward health

Screening

321

18. before giving influenza vaccine , you should know if the patient allergy to which substance a)

shellfish

b) **Egg**

19. In a study they are selecting the 10th family in each group, what is the type of study? a)

systemic study

non randomized study

Stratified study (systemic stratified)

20. You were working in a clinic with a consultant who prescribed a drug that was contraindicated to the patient (the patient was allergic to that drug) but you didn't interfere & assumed that he knows better than you do. Which of the following you have violated:

Professional competence

Quality of caring patient

Honesty.

Patient relationship

Maintaining trust

21. Physician's carelessness is known as:

Malpractice

Criminal neglect

Malfeasance

Nonfeasance

22. You are reading a population study that states that 90% of lung cancer patient are smokers while 30% of lung cancer patient are non-smokers. What is the specificity of using smoking as a predictor of lung cancer?

10%

40%

30%

70%

90%

23. What is the most important factor in attempt of successful cessation of smoking is?

The smoker's desire to stop smoking

The pharmacological agents used in the smoking cessation program. c)

Frequent office visits.

Physician's advice to stop smoking
Evidence of hazards of smoking

24. What is the most powerful epidemiologic study?

retrospective case control study
cohort study
cross-sectional study
historic time data

Secondary data analysis

25. Evidence base medicine:

Practice medicine as in the book
practice according to the department policy

Practice according to available scientific evidence

practice according to facility
practice according to latest publish data

26. Patient with cancer. You want to break bad news, which of the following is true? a)

Inform his family

Inform him according to his moral background and religion

Let social service inform him
Don't tell him

27. For health education programs to be successful all are true except :

human behavior must be well understood
Information should be from cultural background

Doctors are only the health educators

Methods include pictures and videos (mass media)
Involve society members at early stage

28. Battered women:

a) Multiple visit multiple complaint

29. Relative risk :

$$RR = \frac{a/(a+b)}{c/(c+d)} = \frac{20/100}{1/100} = 20.$$

Relative risk is a ratio of the probability of the event occurring in the exposed group versus a non-exposed group

example where the probability of developing lung cancer among smokers was 20% and among nonsmokers 1%

30. Patient with family history of coronary artery disease his BMI= 28 came to you asking for the advice: a)

Start 800 calorie intake daily
Decrease carbohydrate daytime
Increase fat and decrease protein

Start with decrease K calorie per kg per week

32. Patient has family history of DM, he is overweight the proper management for him is:

a) General reduction in carbohydrates

Decrease 500 kcal for every kg

Stop carbohydrates and start fat diet

33. 1st step in epidemic study is :

a) verifying diagnosis

☐ The first step in an epidemiological study is to strictly define exactly what requirements must be met in order to classify someone as a "case." This seems relatively easy, and often is in instances where the outcome is either there or not there (a person is dead or alive). In other instances it can be very difficult, particularly if the experts disagree about the classification of the disease. This happens often with the diagnosis of particular types of cancer. In addition, it is necessary to verify that reported cases actually are cases, particularly when the survey relies on personal reports and recollections about the disease made by a variety of individuals.)

34. Randomized control trials become stronger if :

you follow more than 50% of those in the study

Systematic assignment predictability by participants

35. Mother worry about radiation from microwave if exposed to her child. What you tell her:

Not all radiation are dangerous and microwave one of them

Microwave is dangerous on children

Microwave is dangerous on adult

36. What is the most important in counseling

Exclude physical illness

Establishing rapport

Family

Scheduled appointment

37. In breaking bad news

Find out how much the patient know

Find out how much the patient wants to know

38. A study done to assess the risk of long taking Ca in two groups the diseased group with long Ca plus control according to geographical location, site, and population. It adds (??) this type of study:

a) Cohort

Case Control (retrospective)

Correlation study

39. Define epidemiology

a) The study of the distribution and determinants of health related events (including diseases) and application of this study to the control of diseases and the others health problems "

40. A lady came to your clinic said that she doesn't want to do mammogram and preferred to do breast self-examination, what is your response?

Mammogram will detect deep tumor

Self-examination and mammogram are complementary.

Self-examination is best to detect early tumor

41. Case Control description

a) **Start with the outcome then follow the risk factors**

42. A vaccination for pregnant lady with DT

Give vaccine and delivery within 24 hrs

Contraindicated in pregnancy

Not contraindicated in pregnancy

43. BMI 30:

a) **Obese**

44. If you see patient and you face difficulty to get accurate information from him, what is the best to do? a)

Ask direct question

Ask open question

Control way of discussion

45. Patient came with major depression disorders so during communication with patient you will find : a)

Hypomania

Late morning awake

Loss of eye contact

46. Patient want to quit smoking you told him that symptoms of nicotine withdrawal peaked after a)

1-2 days

2-4 days

5-7 days

8- 10 days

What is the shape of a distribution graph seen in a normal distribution curve? a)

Bell shaped

Patient taking bupropion to quit smoking what is SE

Arrhythmia

Seizure

xerostomia

Headache "25-30%"

49. Adult to give varicella vaccine

2 doses 2 weeks apart

2 doses 4 weeks apart

2 doses 6 months apart

3 doses 4 weeks apart

50. While you are in the clinic you find that many patients presents with red follicular conjunctivitis (Chlamydia) your management is:

Improve water supply and sanitation

Improve sanitation and destroying of the vector

Eradication of the reservoir and destroying the vector

Destroy the vector and improve the sanitation

50. Which is true about DM in KSA:

Mostly are IDDM

Most NIDDM are obese

51. about annual influenza vaccination :

a) **Drift**

Influenza viruses are dynamic and are continuously evolving.

Influenza viruses can change in two different ways: antigenic drift and antigenic shift.

52. The best advice to patient travelling is:

Boiled water

Ice

Water

Salad and under cooked sea shells

53. Epidemic curve :

a) **Graph in which the number of new cases of a disease is plotted against an interval of time to describe a specific epidemic or outbreak.**

Endemic means:

Endemic: is the constant presence of a disease or infectious agent in a certain geographic area or population group. (usually rate of disease)

Epidemic: is the rapid spread of a disease in a specific area or among a certain population group. (excessive rate of disease)

Pandemic: is a worldwide epidemic; an epidemic occurring over a wide geographic area and affecting a large number of people.

True negative test is best described as following :

a) **Not suspected to have the disease that actually does not have.**

56. Best sentence to describe specificity of screening test ,is the population of people who :

Are negative of disease, and test is negative

Are positive of disease, and test is negative

Are positive comparing to total other people

Negative disease , positive test

Positive disease , negative test

Sensitivity: The probability that a diseased patient will have a positive test result.

Specificity: The probability that a non-diseased person will have a negative test result.

	Disease Present	No Disease
Positive test	A	B
Negative test	C	d

Sensitivity = $a / (a + c)$ **Specificity** = $d / (b + d)$ ☐ **Sensitive test** is good for ruling out a disease.

High sensitivity = good screening test (☐ false negatives).

High specificity = good for ruling in a disease (good confirmatory test).

57. The way to determine the accuracy of occult blood test for 11,000 old patients is by measuring: a)

Sensitivity

Specificity

Positive predictive value

Negative predictive value

58. In developing country to prevent dental caries, it add to water

a) **Fluorid**

Zink

Copper

Iodide

59. Gardener has recurrent conjunctivitis. He can't avoid exposure to environment. In order to decrease the symptoms in the evening, GP should advise him to:

Cold compression

Eye irrigation with Vinegar Solution

Contact lenses

Antihistamines

60. Which of the following increases the quality of the randomized controlled study & make it stronger: a)

Systemic Assignment predictability by participants

Open Allocation

Including only the participants who received the full intervention

Following at least 50 % of the participants

Giving similar intervention to similar groups

61. Using the following classification, relative risk of those with risk factor to those without risk factor is:

A/A+B, C/C+D

A/A+B

C/C+D

Risk factor	Case	Non case	total
Present	A	B	A+b
Absent	C	D	C+d
Total	A+C	B+D	

62. Diagram, interpret it

a) Females are more susceptible to osteoporosis

63. Comparing the prospective and retrospective studies, all are true except:

Retrospective are typically more biased than prospective

Retrospective studies are typically quicker than prospective

Prospective allocation of person into group depends on whether he has the disease or not.

Prospective costs more than retrospective. E-Effect is more identifiable in prospective.

64. Female underwent abdominal operation she went to physician for check ultrasound reveal metal thing inside abdomen (missed during operation), what will you do?

Call the surgeon and ask him what to do

Call attorney and ask about legal action

Tell her what you found

Tell her that is one of possible complications of operation

Don't tell her what you found

65. When a person is predicated not to have a disease he is called (Negative). Then what is (true negative): a)

When a person is predicted to have a disease, he has it.

When a person is predicted to have a disease, he does not have it.

When a person is predicted not to have a disease, he has it.

When a person is predicted not to have a disease, he does not have it.

When risk cannot be assessed.

66. Regarding standard error of the mean, which is true?

SEM is observation around the mean

Standard deviation is measure of reliability of SEM

Is bigger than SD

SEM is calculated as square root of variance

Standard deviation advantage can be math manipulated

67. The strongest type of epidemiological studies is:

Prospective cohort studies

Retrospective control case studies

Cross sectional

Time line

68. Mother brought her 10 years old obese boy to the family practice clinic ,what is your advice: a)

Same dietary habits only exercise

Fat free diet

Multifactorial interventions

69. Female patient developed sudden loss of vision "both eyes" while she was walking down the street, also complaining of numbness and tingling in her feet, there is discrepancy between the complaint and the finding, on examination reflexes and ankle jerks preserved, there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action? a) Call ophthalmologist

Call neurologist

Call psychiatrist

Reassure her and ask her about the stressors

70. Same scenario of the previous question, what is the diagnosis?

Conversion disorder

Somatoform disorder

Forcing the child to go to the toilet before bedtime and in the morning, you'll control the problem of; a) Enuresis

Patient with heart disease complain of lower limb ischemia your advice a)

Refer to cardiology

Refer to vascular surgery

Start heparin

73. Patient with severe headache and decrease in visual acuity, pupil is dilated, so treatment?

Pilocarpin drop and ophthalmology referred

Ergotamine

NSID

74. Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk: a)

Colon

Bladder

Liver

75. Major aim of PHC in Saudi Arabia :

a) To provide comprehensive maternal & child health

76. A patient have tender, redness nodule on lacrimal duct site. Before referred him to ophthalmologist what you will do

Topical steroid

Topical antibiotics

Oral antibiotics

Nothing

77. 17years old, she missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do: a)

Give her double dose vaccine

Give her the second dose only

Revaccinate from start

See if she has antibody and act accordingly

78. There is outbreak of diphtheria and tetanus in community, regarding to pregnant woman: a)

contraindication to give DT vaccine

if exposed , terminate pregnancy immediately

if exposed , terminate after 72 hour

Give DT vaccine anyway

79. Mother who is breast feeding and she want to take MMR vaccine what is your advice: a)

Can be given safely during lactation

Contain live bacteria that will be transmitted to the baby
stop breast feeding for 72 hrs after taking the vaccine

80. Child with positive skin test of TB and previously it was –ve, what is the treatment of this child? a)

INH alone

INH + Rifampicin
INH + Rifampicin+ streptomycin
no treatment
Full regimen for TB

81. Male patient known case of DM II come with Hb A1C: 8%, he is taking metformin & glibenclamid, to regulate the blood sugar need:

Insulin

Metformin & acarbose

82. Epidemiological study for smoker said there is 10,000 person in the area , at start of the study there is 2000 smoker, at the end of the study there is 1000 smoker, the incidence of this study is : a) 10%

12.5%

20 %

30%

83. Patient present to you, when you see his case, you discover that patient has terminal stage of chronic illness, how to manage this patient:

a) Make him go to the home.

84. Female patient known to you since 3 years ago has IBS, she didn't agree with you about that, you do all the investigation nothing suggestive other than that, she wants you to refer her. at this case ,what you will do

You will response to her & refer her to the doctor that she is want

You will response to her & refer her to the doctor that you are want.

85. Patient with diabetes and hypertension, which one of anti-hypertensive medication you want to add first?

ACE

Beta blocker
Calcium channel blocker
Alpha blocker

86. Then if patient still hypertensive what the next choice?

Beta blocker

Thiazide

ARB
calcium channel blocker

87. Young man with pleurisy best management:

NSAIDs

Acetaminophen

Cortisone

88. Patient had pain in the back, neck, abdomen and upper limb. You gave the patient a follow up in the clinic, but still the patient is complaining and concerning of the pain. What is your diagnosis? a)

Chronic pain syndrome

b) Somatization disorder

89. Young man come with headache he is describing that this headache is the worst headache in his life what of the following will be less helpful :

Asking more details about headache

Do MRI or CT scan

Skull x ray

LP

90. how to prevent asthma in child via advice mother to do :

Wash cloths with hot water

Prevent dust

Change blanket

What is the name of questionnaire that differentiates between primary and sleep apnea? a)

Polysomnography

Best method to prevent plague is :

Hand wash

Kill rodent

Avoid contact with people

93. 73 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day, your recommending :

advise him to exercise

Stop smoking

wear sunscreen

94. Outbreak and one patient come to doing tuberculin test and its negative, what to do? a)

BCG

b) Isoniazid

95. Secondary prevention in breast cancer?

a) No answer was written

96. Secondary prevention is best effective in:

DM

Leukemia

Pre-eclampsia

Malabsorption

97. Secondary prevention is least likely of benefit in :

Breast cancer

Leukemia

DM

Toxemia of pregnancy

98. An example of secondary prevention is:

Detection of asymptomatic diabetic patient

Coronary bypass graft

Measles vaccination

Rubella vaccination

Primary prevention: Action to protect against disease as immunization. , Action to promote health as healthy lifestyle.

Secondary prevention: Identifying & detecting a disease in the earliest stage before symptoms appears, when it is most likely to be treated successfully (screening)

Tertiary prevention: Improves the quality of life of people with various diseases by limiting the complications.

99. All are primary prevention of anemia except:

health education about food rich in iron

iron fortified food in childhood

limitation of cow milk before 12 month of age

Genetic screening for hereditary anemia

Iron, folic acid supplement In pregnancy and postnatal

100. What is the definition of epidemical curve

a) Graphic registration of disease through a period of time

101. Perinatal mortality:

Includes all stillbirth after the 20th week of pregnancy

Includes all neonatal deaths in the 1st 8 week of life

Includes all stillbirths & 1st week neonatal deaths

Specifically neonatal Deaths.

Is usually death per 10,000 live births

102. You asked to manage an HIV patient who was involved in a car accident. You know that this patient is a drug addict & has extramarital relations. What are you going to do?

Complete isolation of the patient when he is in the hospital

You have the right to look after the patient to protect yourself

You will manage this emergency case with taken all the recommended precautions

You will report him to legal authorities after recovery

Tell his family that he is HIV positive

103. Strongest method to prevent the disease

Immunization

Change health behavior of PPIs

104. 32 years old lady work in a file clerk developed sudden onset of low back pain when she was bending on files, moderately severe for 3 days duration. There is no evidence of nerve root compression. What is the proper action?

Bed rest for 7 to 10 days.

Traction

Narcotic analgesia

Early activity with return to work

CT scan for lumbosacral vertebrae

105. You have received the CT scan report on a 34 years old mother of three who had a malignant melanoma removed 3 years ago. Originally, it was a Clerk's level I and the prognosis was excellent. The patient came to your office 1 week ago complaining of chest pain and abdominal pain. A CT scan of the chest and abdomen revealed metastatic lesions throughout the lungs and the abdomen. She is in your office, and you have to deliver the bad news of the significant spread of the cancer. The FIRST step in breaking news is to:

Deliver the news all in one blow and get it over with as quickly as is humanly possible.

Fire a "warning shot" that some bad news is coming.

Find out how much the patient knows.

Find out how much the patient wants to know it.

Tell the patient not to worry.

106. Regarding smoking cessation, the following are true EXCEPT:

The most effective method of smoking control is health education.

There is strong evidence that acupuncture is effective in smoking cessation.

Anti-smoking advice improves smoking cessation

Nicotine replacement therapy causes 40-50% of smokers to quit.

The relapse rate is high within the first week of abstinence.

107. Incidence is calculated by the number of:

Old cases during the study period.

New cases during the study period

New cases at a point in time

Old cases at a point in time.

Existing cases at a study period.

331

108. Communicable diseases controlled by:

control the source of infection

block the causal of transmission

protect the susceptible patient

all of the above

None of the above

109. Treatment of contacts is applied in all of the following except: a)

Bilharziasis

Malaria

Hook worm

Filariasis.

110. In ischemic heart disease

Prevalence is the number of case discovered yearly

Incidence is new cases yearly

There is association between HTN & ischemic heart disease

Smoking is an absolute cause if IHD

111. Prospective Vs Retrospective studies all are true EXCEPT:

a) Retrospective studies have more bias than prospective studies.

b) **In prospective studies, those who enter the group depend whether they the disease or not.** c)

Prospective studies are expensive.

☐ **In prospective studies, those who enter the group depend whether they have the risk factor to be studied or not.**

112. Male patient complain of excruciating headache, awaken him from sleep every night with burning sensation behind left eye, lacrimation and nasal congestion. What is effective in treating him: a)

Ergotamine

Sumatriptan SC

Methylprednisolone

NSAID

O2

113. best 1ry prevention :

a) immunization

336

114. A table about measuring the accuracy of occult blood in detecting polyps with some values asking what's true

	disease	Non diseased	
positive	60	60	120
negative	40	940	980
	100	1000	1100

Sensitivity 60/100 (50%)

Specificity 940/1000 (94%)

Positive predictive value 60/120 (50%)

Negative predictive value 940/970 (96%) ?

Prevalence can't be determined

115. in epidemiological investigation best thing to do 1st:

a) verifying diagnosis

116. The perinatal mortality case with 105 new births and 5 still birth and 4 died in first year? a)

8

b) 4

☐ measurement of exposed and not have the disease minus those exposed and have the disease

117. Which of the following increases the quality of the randomized controlled study & make it stronger: a)

Systemic Assignment predictability by participants

Open Allocation

Including only the participants who received the full intervention

Following at least 50 % of the participants

Giving similar intervention to similar groups

118. osteoporosis risk, According to above graph

18 % develop osteoporosis after age of 80

80 % of elderly have osteoporosis

Age directly related to risk of osteoporosis

Pt after 80 at high risk of osteoporosis

119. Likelihood ratio of a disease incidence is 0.3, mean

large increase

small increase

no change

small decrease

large decrease

120. secondary prevention one true:

physician screening questionnaire about the use of tobacco is sufficient

the screening of colon cancer is insufficient

the screening of breast cancer is decreasing

121. 2ry prevention:

Cardiac bypass graft surgery.

Immunization.

Detection of asymptomatic diabetic patients

122. Graph showing on x axis and increased risk of osteoporosis :

a) answer was that women above 80 are at the greatest risk of osteoporosis

123. Osteoporosis exercise intervention to increase muscle and bone density :

high weight and low repetition

low weight high repetition

low resistance and conditioning

No freaking idea

124. All of the following will help to prevent poor medication compliance except:

convenient appointments

clear written instructions

making patient active participant

warning against the adverse effects of not taking the medications

125. Case control study is :

a) you start from outcome and look for exposures

126. Most effective method for health education

Mass media

Group discussion

Internal talk

127. study done on 10,000 people for about 3 years in the beginning of the study 3,000 developed the disease and 1,000 on the end of the study what is the incidence: a) 10.3%

12.5%

20%

128. In PHC, from 50 child 10 got the disease on the 1st week, another 30 on the subsequent 2 weeks, what is the incidence of the disease in that PHC?

20%

40%

60%

80%

90%

129. In PHC, from 50 children 10 got the disease on the 1st week, another 30 on the subsequent 2 weeks, what is the incidence of the disease in that PHC?

a) 80%

130. Prospective study of 10,000. From the start of the study 2000 were already diabetic, additional 1000 thousand had diabetes by the end of the study. What is the incidence of diabetes? a) 5 %

- 12.5 %
- 25 %
- 50 %
- 75 %

131. study done on 10,000 people for about 3 years in the beginning of the study 3,000 developed the disease and 1,000 on the end of the study what is the incidence a) 100

12.5

- 10.5
- 0.1

132. 10 years old child brought by his parents because they were concern about his weight, he eats a lot of fast food and French fries, your main concern to manage this patient is :

- His parents concerning about his weight
- His BMI > 33

Family history of heart disease

Eating habit (fast food , French fries)

133. 12 years old boy brought by his parent for routine evaluation, his is obese but otherwise healthy, his parents want to measure his cholesterol level, what is the best indicator of measuring this child cholesterol?

His parent desire

Family history of early CVA

High BMI

Psychiatry



1. In battered women which is true:

Mostly they come from poor socioeconomic area

Usually they marry a second violent man

Mostly they come to the E/R complaining from other symptoms

Mostly they think that the husband respond like this because they still have strong feeling for them

2. Obsessive neurosis patients will have:

Major depression

Lack of insight

Schizophrenia

3. Before giving bipolar patient lithium you will do all of the following except: a)

TFT

LFT

RFT

Pregnancy test

4. Antidepressants associated with hypertensive crisis treatment a)

SSRI

MOAIs

TCA's

5. Partner lost his wife by AMI 6 months ago , presented by loss of appetite , low mood , sense of guilt , what is the diagnosis:

Bereavement

Major depression episode.

☐ Major depression is a psychiatric condition that occurs regardless of events that happen in life, while normally most people would have bereavement after death of a close person.

22 years old complaining of insomnia & sleep disturbance, what is the treatment? a)

SSRI

The initial management of insomnia:

a) Good sleep hygiene.

8. Chronic psychotic disorder managed by

a) Haloperidol

9. Side effect of diazepam

☐ Sedation, dependence, respiratory suppression, anterograde amnesia, confusion (especially pronounced in higher doses)

10. Generalized anxiety disorder best treatment:

SSRI

TCA

MAOI

11. About antidepressant:

start single type even patient have sever depression

start any one of them they all have the same efficacy

Stop the medication after 2 weeks if no improvement

12. Major depression management:

Initial MONOTHERAPY even sever depression

Treatment should be change if no response during 2wk (AT LEAST 6 WEEKS)

psychotherapy, medication, and electroconvulsive therapy

Major depression management:

Pharmacotherapy: effective in 50 – 70% .allow for 6 weeks to take effect, treat more than 6 months (SSRI, TCAs, MAOIs).

Psychotherapy: psychotherapy combined with antidepressant is more effect than either treatment alone ☐

Electroconvulsion (ECCT)

Phototherapy: effective for pt. who has a seasonal pattern

13. Major depression disorder treatment

a) Citalopram

14. ,Patient having major depression and taking medicine for it ,, after taking medicine she is complaining of insomnia and irritable ,which med she is taking

SSRI

TCA

MAO

ECT

15. Why SSRI are the 1st line treatment of major depression?

less expensive

Most tolerable and effective

16. Psychiatric pt with un compliance of drugs ttt:

Depo halopredol injection

Oral clonazepam

17. Patient with depression started on amitryptiline , he had headache or dizziness , vomiting “I am not sure what exactly was the symptoms”

a) Change to SSRI

18. Unfavorable prognosis for schizophrenia:

Family history

Failed marriage
Adolescence age
Presence of psychosis

☐ **Good Prognosis:**

Acute onset with obvious precipitating factors → sudden onset → less damage.

Good premorbid personality → it is a general role in all psychiatric disorders.

Mood symptom “depression” → indicates high insight & vice versa.

Paranoid subtype → Less severe = better insight, more severe = low insight ☐ **Poor Prognosis:**

Insidious onset with no precipitating factors → gradual onset → more damage

Earlier age of onset

Family history of schizophrenia

Hebephrenic & simple schizophrenia

19. Alternative therapy for severe depression and resistance to anti-depressant medications are: a)

SSRI

TCA

ECT

20. Which of the following indicates good prognosis in schizophrenia :

Family history of schizophrenia

Gradual onset

Flat mood

Prominent affective symptoms

No precipitating factors

21. SSRI was prescribed to a patient with depression, the effect is suspected to be within : a)

One day

Two weeks

Three to four weeks.

☐ Allow 2 – 6 weeks to take effect and treat for > 6 months

22. Which of the following personality is characterized by inflexibility, perfectionism? a)

Narcissistic personality disorder

Borderline personality disorder

Obsessive compulsive personality disorder

Histrionic personality disorder

☐ Obsessive compulsive personality characterized mainly by perfectionism

23. Best drug to treat depression in children and adolescent is:

a) **Fluxetine (Prozac)**

24. Patient had history of pancreatic cancer on chemotherapy then improved completely came to doctor concerning about recurrence of cancer and a history of many hospital visits. This patient has: a)

Malingering

Hypochondriasis

Factitious

Conversion

25. Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:

SSRI

TCA

B-blocker

MAOI

26. Patient came with hallucination and illusion the medication that should be given is: a)

Carbamazepin

b) Haloperidol

27. Recent study revealed that anti psychotic medication cause the following complication: a)

Weight gain

Alopecia

Cirrhosis

28. Female patient developed extreme fear from zoo, park, sporting events, the fear prevented her from going out:

Agoraphobia

social phobia

schizophrenia

☐ Agoraphobia: fear going out from the home

29. Which psychiatric disease is treated with electroconvulsive therapy : a)

Paranoia

b) Major depression

30. Patient turns to be erratic, for 4 month he said that's people in TV knows what people are thinking about, in last 2 month he claim that he has special power that no one has what is the most likely diagnosis? a) Uni-

polar depression

Bipolar Mania

Schizophrenia

31. In dementia, best drug to use :

haloperidol

Galantamine

☐ Treatment of dementia is cholinesterase inhibitor (galantamine, donepezil, rivastigmine and tracing)

32. Patient with mushroom toxicity will present with

Constipation

Hallucination

Anhidrosis

33. 12 years old boy is mocked at school because he is obese , ate a lot of pill to sleep and never wake up again , best management is :

Refer to mental professional

Tell him that most kid grow out before they grow up

Advice healthy food

34. Man walking in street and saying bad words to stranger , he is not aware of his condition , what is the description :

flight of idea

insertion of idea

Loosening of association

35. A 60 years old patient with history of heart attack 6 weeks ago, complaining of not getting enough sleep. Psychiatric evaluation is unremarkable for depression or anxiety, what should be given to this patient? a)

Amytriptiline

Buspirone

Buprionfe

Zolbidem

Insomnia in patients with heart transplantation and cardiac disease is a common problem. Organic factors, immunodepressant medication (e.g. ciclosporine and steroids) and psychological factors may account for this symptom. For short-time treatment, medication with benzodiazepine hypnotics may be useful such as temazepam, flunitrazepam, triazolam, flurazepam, midazolam, nitrazepam, and quazepam

If the problems of **drug dependence and rebound insomnia** are taken into consideration, treatment with non-benzodiazepine hypnotics “such as zolpidem, zaleplon, zopiclone and eszopiclone” offers more safety and comfort

If insomnia is part of a depressive syndrome, pharmacotherapeutical intervention with antidepressive sedative medication is required.

36. Young female with BMI 18, fine hair all over body, feeling of she is fat, doesn't eat well with excessive exercise...

Anorexia nervosa

Body dysmorphic disorder

Bulimia nervosa

37. Vertigo and tinnitus are caused by which of the following drug?

Amphotericin b

Penicilline reaction

INH

☐ **Amphotericin b side effect: 1)**

chills and rigors

Decreased renal function, azotemia, hyposthenuria, renal tubular acidosis, and nephrocalcinosis.

hypercalciuria, Hypokalemia and hypomagnesemia

nausea, emesis, diarrhea, dyspepsia, cramping, epigastric pain, and anorexia

Mocytic normochromic anemia, agranulocytosis, coagulation defects, thrombocytopenia & leucopenia

Convulsions, hearing loss, tinnitus, transient vertigo, peripheral neuropathy, and encephalopathy

hypotension, tachypnea, cardiac arrest, shock, cardiac failure, pulmonary edema, arrhythmia 8) acute liver failure, hepatitis, and jaundice

38. A 25 year old secondary school teacher that every time enters the class starts sweating and having palpitation, she is a fired to give wrong information and be unparsed. What is the diagnosis?

a) Specific Phobia

b) **Social Phobia**

39. A patient is having a 2 year history of low interest in live, he doesn't sleep well and can't find joy in life, What is the most likely diagnosis:

Dysthymia

Major depressive disorder

Bipolar disorder

40. What is the mechanism of OCD drugs?

Increase availability of Serotonin

Decrease production of Serotonin

Increase production of Serotonin

Young female become flushing face and tremors when she talks to anyone what is the treatment? a) **Beta blocker (there is no SSRI in choices)**

Which of the following antidepressant is not given in erectile dysfunction? a)

Sertraline

Amytriptaline

Butriptyline

43. Patient complaint of loss of association and circumstantiality the defect in

a) **Form**

☐ **FORM:** loss of association, circumstantiality, neologism and flight of idea ☐

CONTENT: delusion, obsession and phobias.

44. 44 years old a mother of 3 presented with bouts of shortness of breathe fatigue dizziness chest discomfort. She thinks about her job and children a lot. she is doing well at her job: a) Depression

Panic attack

Generalized anxiety disorder

Social phobia

45. Best treatment of bulimia nervosa

a) Cognitive behavior therapy

46. Which of the following antipsychotic associated with weight gain: a)

Respiridone

Quitapine

Olanzipine

Ziprasidone

60 year old male come with depressed mood , loss of interest , sleep disturbance after dying of his son 3 months back after long period of suffering of disease >>>what is your diagnosis a) Breavment

Adult male complain of inability to sleep as usual. every night he should check that the light is off , oven is off and his child sleep this occur also at morning and every day .he cannot sleep if he didn't do this , he know this is abnormal behavior and feeling bad of his state , diagnosis :

Generalized anxiety disorder

Depression

Obsessive compulsive disorder

49. Young male with depression on citalopram present unconscious with toxicity of unknown substance. Investigation result : metabolic acidosis and anion gap of 18 , what is the cause a)

Citalopram

Aspirin

Paracetamol

50. Patient came with expressive talking and unable to concentrate in one topic. dx a)

Flight of Ideas

b) Insertion of ideas

51. Patient came to you complaining of hearing voices, later he started to complain of thought get into his mind and can be taken out

SCZ

Mood

Mania

Agoraphobia

52. Female had history of severe depression, many episodes, she got her remission for three months with **Paroxetine (SSRIs)**, now she is pregnant, your advise

Stop SSRI's because it cause fetal malformation

Stop SSRI's because it cause premature labor

Continue and monitor her depression

Stop SSRIs

53. One of the Anti-psychotics causes ECG changes , Leukopenia, drooling : a)

Respiredone

Colzapine

Amisulpride

54. Patient with 2 month insomnia, memory is intact, with symptoms of psychosis mx : a)

Lithium

Carbazepine

Venlafaxine

55. What comes with bulimia?

a) Elevated liver enzymes

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56. one of these anti.psycotic is the least to cause tradive dyskinesia : a)

clozapine

haloperidol

Resperidone

57. What is the best treatment of somatization?

Multiple appointment

Multiple telephone calling

Antideppresant

Send him to chronic pain clinic.

58. Adult age complain of tight headache m priorbital , anh has stress n the work:

a) Tension headache

b) Magraine

59. Side effect of prolonged use 100% O2 tharapy:

Depression

Deizzness

Ocular toxicity

Seizures

☐ Central nervous system oxygen toxicity manifests as symptoms such as visual changes (especially tunnel vision), ringing in the ears (tinnitus), nausea, twitching (especially of the face), irritability (personality changes, anxiety, confusion, etc.) and **dizziness**. This may be followed by a **tonic-clonic seizure**

60. A 40 year old man who become sweaty with palpitation before giving a speech in public otherwise he does very good at his job, he is having:

generalizes anxiety disorder

Performance anxiety

Agoraphobia

Depression

61. A woman who lost her husband 2 weeks ago she is unable to sleep at all you will give her: a)

Floxitine

Diazepam

Haloperidol

Amytriptaline

62. Which of the following with antipsychotic medication have rapid onset of action?

a) Sublingual

Oral

IM

IV

63. Patient with severe depression and now he shows some improvement with therapy , the risk of suicide now is:

No risk

Become greater

Become lower

No change

64. Treatment of mania that doesnot cause hepatotoxicity

a) **Lithium**

65. A 70 year old female brought to your clinic by her daughter. The daughter said her mother's memory deteriorated in the last 2 years. She can cook for her self but sometimes leave the oven on. She can dress herself but with difficulties. The daughter mentioned that her mother's personality changed into a more aggressive person (patient has Alzheimer's disease). According to this history what is your appropriate management?

Prescribe diazepam for the daughter and haloperidol for the mother

Refer the mother into chronic illness institute

Refer the mother to geriatric clinic

Immediate hospitalization

66. A man was intent as if he is listening to somebody, suddenly started nodding & muttering. He is having:

a) **Hallucination**

Delusion

Illusion

Ideas of reference

Depersonalization

67. A female patient present to you complaining of restlessness, irritability and tachycardia. Also she has excessive worries when her children go outside home. What's your diagnosis? a) Panic disorder

b) **Generalized anxiety disorder**

68. Male patient, who is otherwise healthy, has depression for 4 months. He retired 6 months ago. Examinationwas unremarkable except for jaundice. What's your diagnosis? a) Major depressive disorder

Mood disorder due to medical illness

Adjstment disorder, depressed type

69. 43 years old female patient presented to ER with history of paralysis of both lower limbs and parasthesia in both upper limbs since 2 hours ago, she was seen lying on stretcher & unable to move her lower limbs (neurologist was called but he couldn't relate her clinical findings 2 any medical disease !!!) when history was taken , she was beaten by her husband ... the most likely diagnosis is :

complicated anxiety disorder
somatization disorder
conversion disorder
psychogenic paralysis
hypochondriasis

70. The best treatment for the previous case is :

Benzodiazepines
Phenothiazine
Monoamine oxidase inhibitor
Selective serotonin reuptake inhibitor

Supportive psychotherapy

71. 65 years old lady came to your clinic with Hx of 5 days insomnia and crying (since her husband died) the best treatment for her is:

Lorazepam

Floxitein
Chlorpromazine
Haloperidol

28 years old lady, complaining of chest pain, breathlessness and feeling that she'll die soon. On examination just slight tachycardia otherwise unremarkable, what is the most likely diagnosis? a)

Panic disorder

Lady on Imipramine feels dizzy on standing, resolves after 10-15 minutes on sitting, decrease on standing, most likely she is having :

a) Orthostatic hypotension

74. what is the most appropriate treatment for the above patient: a)

antiemetic
antihistamine
Change the antidepressant to SSRI
thiazide diuretics
audiometry

75. Generalize anxiety disorder best treatment:

SSRI

TCA

76. Unilateral headache, throbbing, decrease in dark:

a) Migraine

77. Tyramine increases the side effects of:

a) MAO inhibitors

78. Generalized anxiety Tx is

a) buspirone or SSRI

79. A mother came with her son who is 7 years old very active never sitting in class and with poor concentration. Your management would be.

Olanzapine

Amitilyne

Aloxane

80. 80 years old living in nursing home for the last 3 months. His wife died 6 months ago and he had a coronary artery disease in the last month. He is now forgetful especially of short term memory and decrease eye contact with and loss of interest. dx

Alzheimer

Depression

Hypothyroidism

81. Hallucinations and Paranoia:

SCZ

Mood

Mania

Phobia

82. Obsessive neurosis:

Treatment is easy

Clomipramine doesn't work

Mostly associated with severe depression

Can be cured spontaneously

83. Patient developed sudden loss of vision bilaterally while she was walking in the street, followed by numbness, the subjective symptoms are different from objective, and does not match anatomical, what is the diagnosis?

a) Conversion syndrome

84. The best initial TTT for depression is:

SSRIs

Tricyclic antidepressant

MAO inhibitors

Beta blocker

85. 25 year teacher has fear attack and worry before entering the class, what is the initial treatment? a)

Selective serotonin reuptake inhibitor

Tricyclic antidepressant

Beta blocker

86. Female with hair on different site of body and refuse intake of food and BMI<18 and feels as body is fat so diagnosis

Anorexia nervosa

Bulimia nervosa
Body dimorphic syndrome
Anxiety

87. Effect of Fluoxetine start after

1-2 weeks

3-4 weeks

☐ Prozac (fluoxetine) is an SSRI antidepressant, it may take a week or two after starting this treatment before you feel the benefit.

88. What is the effective half life of Fluoxetine "Prozac" :

2 hours

18 hours

2 days

6 days

8 days

☐ Half life of fluoxetine 1–3 days (acute), 4–6 days (chronic)

89. What is the effective half life of sertraline :

2 hours

18 hours

2 days

8 days

90. 29 years old teacher has recurrent attacks of intense fear before the beginning of her classes in the 2nd school, She said: Its only a matter of time before I do mistakes , Dx : a) Specific phobia

Social phobia

Mixed phobia

Panic attacks with agoraphobia

Panic without agoraphobia

91. The best treatment for the previous patient :

Alprazolam

Propranolol

Chlorpromazine

Clomipramine

☐ 1st choice in medication → SSRIs "paroxetine, sertraline, fluvoxamine or fluoxetine"

92. Psychiatric patient on antipsychotic drug most drug that lead to impotence with antipsychotic is a)

Propranolol

NSAI

93. Patient with schizophrenia, the best prognostic sign is:

Gradual onset

Family history of schizophrenia

Age of the patient

Coincidence of other psychological problems

94. Regarding antidepressant side effects, all of the following are true EXCEPT:

Anticholinergic side effect tend to improve with time

Sedation can be tolerated by prolonged use

Small doses should be started in elderly

Fluoxetine is safe drug to use in elderly

95. One of the following is secondary presenting complaint in patient with panic attack disorder: a)

Dizziness

Epigastric pain

Tachycardia

Chest pain

Phobia

96. Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:

SSRI

TCA

B-blocker

MAOI

97. In case of failure of anti psychotic drugs use

Person-centered psychotherapy

Pect

Behavioral therapy

98. Psychiatry patient whom swallowed a small pin 5 hours ago, came to the hospital and showed an X-ray which showed pins in the small intestine and no free air what will be the action? a) Admit and do a CT

scan or MRI

Investigations only to CT and MRI

Give laxatives

Admit and do surgery to remove the pins

99. Treatment of GAD it should be SSRI

TCA

Benzodiazepines

buspiron

100. Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:

SSRI

TCA

B-blocker

MAOI

Beta-adrenergic antagonists are used to treat some physical features of anxiety (palpitation, tremor)

The indication of antipsychotic drugs I.

Functional Psychosis :

Schizophrenia

Mania

Schizoaffective disorders

Schizophreniform disorder

Brief psychosis

Delusional disorders

II. Violence, agitation and excitement III.

Organic Psychosis:

Delirium

Intoxication with substances

Dementia

IV. Medical uses: e.g. nausea, vomiting, poor appetite

101. Electroconvulsive therapy indications are :

Rapid

Highly effective

Lifesaving

Indications

Severe depression.

Severe mania

Initial treatment in catatonic schizophrenia until drugs start to work.

Not less than 15-25 sec.

Ultra-short acting anesthesia & O2 mask are needed during the procedure.

Usually given twice a week.

Total number of treatments 6-12 (to overcome the risk of relapse) ☐ Disadvantages:

Expensive

Unacceptable to society

The patient needs admission

High risk of relapse & the patient needs many sessions

102. 70 years old with progressive dementia, no personality changes, neurological examination was normal but there is visuospatial deficit, on brain CT shows cortical atrophy and ventricular dilatations : a) Multi micro infarct dementia

Alzheimer dementia

Parkinsonism dementia

103. 70 years old with progressive dementia , on brain microscopy amyloid plaques and neurofibrillary tangles are clearly visible also Plaques are seen : Dx

Lewy dementia

Parkinsonism

Alzheimer

104. You prescribed paroxetine to depressed man , u should inform him that

a) Drug starts to work after 3-4 weeks

105. Patient complain from diplopia nausea, vomiting, back pain:

a) Somatization disorder

106. Young girl recently failed in math exam came with paresthesia

Hyperventilation syndrome

Generalized anxiety disorder

107. 20 years old lady thinks that she's fat although her height and weight are ok: a)

Bulimia

Anorexia nervosa

Depression

☐ Psychiatry typical features of anorexia nervosa where the patient senses that he or she is fat despite being thin. Bulimia is people who vomit what they eat.

108. Delusion

Perception of sensation in absence of an external stimulus

Misinterpretation of stimulus

False belief not in accordance of a person's culture

109. He has gastric cancer he went to 6 gastroenterologist did 1 CT 1 barium enema and series of investigation all are normal what is the diagnosis?

Hypochondriasis

Conversion

Somatization

110. 27 years male with tonic clonic in ER, 20 mg diazepam was giving & convulsion did not stopped will given :-

Diazepam till total dose of 40 mg

Phenytoin

Phenobarbitone

111. Severe postpartum depression mostly associated with:

Decrease socioeconomic class

Emotional separation between the patient & his mother

Past history of depression

1st birth delivery

Poor wt gain during pregnancy.

A personal history of depression (prior to pregnancy, antepartum or postpartum) is the major risk factor for PPD: one-half of women with PPD have onset of symptoms before or during their pregnancies.

Other risk factors for PPD include: Marital conflict/ Stressful life events in the previous 12 months/ Lack of perceived social support from family and friends for the pregnancy / Lack of emotional and financial support from the partner / Living without a partner/ Unplanned pregnancy / Having contemplated terminating the current pregnancy / Previous miscarriage/ Family psychiatric history/ A poor relationship with one's own mother/ Not breastfeeding/ Unemployment in the mother (no job to return to) or in the head of household/ A lifetime history of depression in the husband or partner/ Child-care related stressors/ Sick leave during pregnancy related to hyperemesis, uterine irritability, or psychiatric disorder/ High number of visits to prenatal clinic/ A congenitally malformed infant/ Personality factors (high neuroticism and high introversion)/ Personal history of bipolar disorder.

112. Characteristic feature of major depressive illness is:

Late morning awakening

Hallucination and flight of ideas

High self-esteem

Over-eating

Decreased eye contact during conversation.

Diagnostic criteria for depression “list of ten depressive symptoms”

persistent sadness or low mood;and/or

loss of interests or pleasure

Fatigue or low energy

At least one of these, most days, most of the time for at least 2 weeks

Associated symptoms

disturbed sleep

poor concentration or indecisiveness

low self-confidence

poor or increased appetite

suicidal thoughts or acts

agitation or slowing of movements 7) guilt or self-blame

The 10 symptoms then define the degree of depression and management is based on the particular degree

Not depressed (fewer than four symptoms)

Mild depression (four symptoms)

Moderate depression (five to six symptoms)

Severe depression (seven or more symptoms, with or without psychotic symptoms)

Symptoms should be present for a month or more and every symptom should be present for most of every day

113. Anorexia nervosa, all true except:

Lethargy

Long hair

Amenorrhea
Young female

☐ All are true

114. A male presented with headache, tinnitus and nausea thinking that he has a brain tumor. He had just secured a job in a prestigious company and he thinks that he might not meet its standards. CNS exam, CT all within normal. What is the Diagnosis :

Generalized Anxiety disorder

Hypochondriasis

Conversion reaction

Panic attack

☐ **Diagnostic criteria for hypochondriasis include the following:**

The patient has a preoccupying fear of having a serious disease.

The preoccupation persists despite appropriate medical evaluation and reassurance. 3) The belief is not of delusional intensity (as in delusional disorder, somatic type) and is not 4) Restricted to a concern about appearance (as in persons with BDD).

The preoccupation causes clinically significant distress or impairment.

The preoccupation lasts for at least 6 months.

The preoccupation is not explained better by another mood, anxiety, or somatoform disorder.

115. 65 years old male with hypertension, congestive heart failure and peptic ulcer disease came to your office for his regular blood pressure check. Although his blood pressure is now under control, he complains of an inability to maintain an erection. He currently is taking propranolol, verapamil, hydrochlorothiazide, and ranitidine. On examination his blood pressure is 125/76 mmHg. His pulse is 56 and regular. The rest of the cardiovascular examination and the rest of the physical examination are normal. Which of the following generally considered the MOST common cause of sexual dysfunction? a) **Pharmacological agents.**

Panic disorder

Generalized anxiety disorder

Major depressive disorder

Dysthymic disorder

The most common cause of sexual dysfunction is psychological disease.

Dysthymic disorder is one of mood disorders, has similar symptoms of major depressive disorder, but less in severity, present at least for 2 years. Symptoms free period are possible but may not exceed 2 months in 2 years time frame.

116. 26 years old patient came to your office with recurrent episodes of binge eating (approximately four times a week) after which she vomits to prevent weight gain. She says that "she has no control" over these episodes and becomes depressed because of her inability to control herself. These episodes have been occurring for the past 2 years. She also admits using self-induced vomiting, laxatives, and diuretics to lose weight. On examination, the patient's blood pressure is 110/70 mmHg and her pulse is 72 and regular. She is not in apparent distress. Her physical examination is entirely normal. What is the MOST likely diagnosis in this patient?

Borderline personality disorder

Anorexia nervosa

Bulimia nervosa

Masked depression.

Generalized anxiety disorder

117. Hopelessness most predictor:

Suicide

Impulse control problem

118. 23 years old female came to your office with a chief complaining of having “a peculiarly jaw”. She tells you that she has seen a number of plastic surgeons about this problem, but “every one has refused to do anything”. On examination, there is no protrusion that you can see, and it appears to you that she has a completely normal jaw and face. Although the physical examination is completely normal, she appears depressed. What is the MOST likely diagnosis in this patient?

Dysthymia

Major depressive disorder with somatic concerns

Somatization disorder

Body dysmorphic disorder

Hypochondriasis.

Body dysmorphic disorder: persistent preoccupation with an imagined bodily defect, ugliness or an exaggerated distortion of a minimal existing defect that the patient feels noticeable to others.

Hypochondriasis: intense over concern & preoccupation with physical health and/or excessive worry about having a serious physical disease. The preoccupation persists in spite of medical reassurance, & causes social & occupational dysfunction.

119. How to treat social phobia?

a) **Propranolol**

120. Known risk factors for suicide include all the following EXCEPT:

Repeated attempts at self injury.

Male sex.

Symptoms of depression with guilt.

Drug and alcohol dependence.

If the doctor asked the patient about suicide.

121. Hypochondriasis, all true except:

More common in medical students

Less common in male

More common in lower social class

Defined as morbid preoccupation of one's body or health

☐ Hypochondriasis appears to occur equally in men and women “medscape”

122. Family behavior toward schizophrenic patient affect prognosis adversely: a)

Double binding

Over emotion behavior

Schismatic parents

Projective identification

123. The investigation to confirm Alzheimer's:

CT of the brain

EEG

Neurological examination

Lab investigations

124. Antidepressant in patient with somatization disorder and depression:

Elderly need lower dose

Potential side effect shouldn't be discussed

Fluoxetine safe in elderly

Effectiveness assessed after few weeks

Need monitoring of antidepressant level

125. Female patient manager since short time, become depressed, she said she can't manage the conflicts that happen in the work between the employees. Diagnosis:

Depression

Generalized anxiety disorder

Adjustment Disorders

126. Patient before menstruation by 2-3 days present with depressed mood that disappear by 2-3 day after the beginning of menstruation. Diagnosis:

a) Premenstrual dysphoric disorder if severe symptoms (or premenstrual syndrome).

127. female patient complaining of thirsty & drink a lot of water & frequent urination , she has a history of diagnosed as bipolar since (2 week) ,start with a medication of lithium, a)
psychogenic polydipsia
central diabetes insipidus
Nephrogenic diabetes insipidus

☐Lithium-induced nephrogenic DI may be effectively managed with the administration of amiloride, a potassium-sparing diuretic often used in conjunction with thiazide or loop diuretics.

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128. Man change his job , he must in new job to talk in front of 50 persons , he feels that he cannot do this and he send his friend to do that instead of him who can you help him a) Propranolol
b) **Biofeedback**

129. Patient talking to doctor and the pt look to his right side most of the time, when the doctor asked him why is that ?he said that his mother is there but in fact no one is there, after asking the pt family they said that the mother died when was child, what is the diagnosis?

Visual hallucination

Auditory hallucination

Psychosis

130. 50 years old patient complaining of episodes of erectile dysfunction, hx of stree attacks and he is now in stress what you will do?

Follow relaxation strategy

Viagra

Ask for invx include testosterone

131. Patient has fear, SOB, sweating when he is in automobile

Specific phobia

Panic disorder

Generalized anxiety disorder

Post traumatic stress disorder

132. Treatment of hallucination anddelusion

a) **Antipsychotic**

133. The best way to treat pinged induce nervosa

Interpersonal psychotherapy

Cognitive behavior therapy

Pharmacotherapy

134. The drug used in maintance phase of biopolaris :

Lithium

Na volabrate

135. The antidepressant used for secondary depression that cause sexual dysfunction a)

Sertatline

Amypramine

Levofluxine

136. Previously healthy female patient presented to ER with dysnea , anxiety , tremor , and she breath heavily , the symptoms began 20 minutes before she came to ER , in the hospital she developed numbness periorbital and in her fingers , what you will do

Ask her to breath into a bag

Take blood sample to look for alcohol toxicity

Old male post-operative complain of hallucination, loss of attention, diagnosis is a)

Delirium

Antidepressant drug safe for adolescent and children a) SSRI

Patient has alzahimar disease and halusination and delusion ttt:

☐ Halopridole Antipsychotic drugs are modestly useful in reducing aggression and psychosis in Alzheimer's patients with behavioural problems

140. Patient take antidepressant drug on second day he complain of dizziness in the morning

I donot remember the drug but it was 30 mg at night

Change the dose to 10 mg divided 3 times aday

141. Drug cause lupus like effect

a) **Hydralazin**

142. Brain imaging showing evidence of fold infarction or extensive deep white matter changes secondary to chronic ischemia. Obsessive neurosis:

Treatment is east

Clomipramine doesn't not work

Mostly associated with severe depression

Can be cured spontaneously

This is a case of social phobia and the initial treatment is a)

SSRIs

Patient has Alzheimer disease and hallucination and delusion, treatment is: a) Halopridole

☐ Psychotic symptoms (e.g. hallucinations and delusions), agitation and aggressive behavior are common in patients with Alzheimer's disease. A study suggests that haloperidol at a dose of 2-3 mgs/day is effective and well tolerated by most patients.

145. 87 years old who brought by his daughter, she said he is forgettable, doing mess thing in room , do not maintain attention , neurological examination and the investigation are normal a) Alzheimer disease

Multi-Infarct Dementia

Parkinsonism dementia

Alzheimer dementia: most common cause of dementia. Age and family history are risk factors for AD.

Etiology unknown but toxic β -amyloid deposit in brain. Present with amnesia for newly acquired information is usually the first presentation, followed by language deficit, acalulia, depression, agitation and finally apraxia (inability to perform skilled movement). Diagnosis by exclusion that can be definitive diagnosis only on autopsy: suggested by clinical feature and by progressive cognitive course without substantial motor impairment. MRI & CT may show atrophy, ventricle enlargement and can rule out other causes. On brain microscopy amyloid plaques and neurofibrillary tangle. Death usually occurring secondary to aspiration pneumonia. treatment by supportive therapy for Pt. and family , and cholinesterase inhibitor

Multi micro infarct dementia (vascular dementia) dementia associated with history of stroke. Criteria for vascular dementia include presence of dementia and 2 or more of the following: focal neurological signs symptoms onset that was abrupt , stepwise, or related to stroke

146. About general fatigue syndrome is true:

Antibiotics may be beneficial

Anti depressant may be beneficial.

147. Patient is afraid of germs

a) Spesfic phobia

148. Anxiety treatment is:

Lorazepa

alprazolam

Alprazolam is recommended for the short-term treatment (2–4 weeks) of severe acute anxiety

Treatment Options: **The standard current approach to most anxiety disorders is a combination of cognitive-behavioral therapy (CBT) with medications, typically a selective serotonin reuptake inhibitor (SSRI) or, less commonly, a tricyclic antidepressant**

Lifestyle Measures: **A healthy lifestyle that includes exercise, adequate rest, and good nutrition can help to reduce the impact of anxiety attacks. Rhythmic aerobic and yoga exercise programs lasting for more than 15 weeks have been found to help reduce anxiety. Strength, or resistance, training does not seem to help anxiety**

Treatment Options for Specific anxiety Disorders		
Anxiety Disorder	Medications	Cognitive-Behavioral (CBT) and other Non-Drug Therapies
Generalized Anxiety Disorder	Benzodiazepines; buspirone; SSRIs and some tricyclic antidepressants, particularly extended release venlafaxine (Effexor). Antipsychotics in severe cases. Investigative drugs include pregabalin and other anticonvulsants.	Cognitive-behavioral (individual or group), interpersonal therapy, stress management, biofeedback.

Panic Attacks	SSRIs are treatment of choice. If patients do not respond to SSRIs, other drugs include betablockers, buspirone, benzodiazepines, tricyclics, or anticonvulsants (such as valproate). In 2005, the designer antidepressant venlafaxine (Effexor) was approved for panic disorder in adults. Benzodiazepines used only when necessary and for the shortest time possible.	Cognitive-behavioral therapy. Studies suggest that CBT offers the best chance for a persistent response. CBT is also effective in preventing the development of panic disorder in high-risk people and for helping patients withdraw from SSRIs.
Phobias	SSRIs, beta-blockers, benzodiazepines. SSRIs are first-line treatments for social anxiety. Other drugs include anticonvulsants, newer antidepressants, and MAOIs.	Cognitive-behavioral therapy, hypnosis. CBT may also prevent progression of phobias to full-blown anxiety in high-risk people.
ObsessiveCompulsive Disorder	SSRIs are the first choice. Clomipramine (a tricyclic) is alternative. Combinations of these drugs are likely. MAO inhibitors or atypical antipsychotics for those who do not respond to other drugs. Antipsychotics used for tics.	Cognitive-behavioral therapy (exposure and response prevention).
Posttraumatic Stress Disorder	Antidepressants, particularly SSRIs (sertraline and paroxetine approved at this time). Clonidine. Sleep medications in certain patients who suffer from sleep disorders.	Cognitive-behavioral therapy (group therapy). Children should particularly start with CBT. Behavioral measures for improving sleep. Single debriefing sessions after major disasters without follow-up appear to provide no benefit to trauma victims and may pose a risk for worse outcome than no intervention at all.
Note: For anxiety disorders in adults, the most effective treatments are usually combinations of drugs and behavioral techniques.		

149. Clonazepam used in children for ttt of

a) **Schizophrenia**

150. Female patient developed sudden loss of vision (both eyes) while she was walking down the street, also c/o numbness and tingling in her feet, there is discrepancy b/w the complaint and the finding, O/E reflexes and ankle jerks preserved, there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action:

Call ophthalmologist

Call neurologist

Call psychiatrist

Reassure her and ask her about the stressors

This is a case of conversion disorder

Somatization disorder: female before age 30 years. symptoms include two GIT, four sites of pain, one sexual dysfunction, one pseudoneuron

Conversion disorder: symptoms include voluntary or sensory

Hypochondriasis: fear from life threatening disease
Body dysmorphic disorder: aware from his imaging
Somatoform pain disorder: intensity pain is main symptoms

151. Which drug cause hypertensive crises when used with tyramine: a)

SSRI

Tricyclic antidepressant

MAOI

152. Patient said that aliens talk to him otherwise he is not complaining of anything...what's the Rx: a)

Antidepressants

Antipsychotic

Behavioral therapy

Chlorpromazine

153. Old lady came to your office with her daughter who said that her mother has behavioral changes

“agitation, aggression & poor self care”, you can't do appropriate physical & neurological examination what's your next step?

Antidepressant

Immediate referral to a geriatric physician

154. Obsessive neurosis:

Treatment is easy

Clomipramine doesn't work

Mostly associated with severe depression

Can be cured spontaneously

155. Patient on Amitriptyline 30 mg before bed time wakes up with severe headache and confusion, what's the appropriate action?

Shift him to SSRI's

Change the dose to 10 mg 3 times daily

Continue on the same

156. Hallucinations and Paranoia:

SCZ

Mood

Mania

Phobia

157. Treatment of severe depression with his resistant to treatment is by: a)

TCA

Electroencephalographic therapy

Electroconvulsive therapy

158. 40 years female complaining of thinking a lot in his children future, she is alert, anxious, cant sleep properly, poor appetite, she always make sure that doors in her home are closed, in spite of doors already closed, provisionalDx:

OCD

GAD

schizo

159. Contraindication to use in Migraine :

Buprobion

Lithium

valium

160. 33 years oldpatient,she have MI and complicated with ventricula tachycardia, then from that time reciveBuspirone, she came with fatigue , normotinsive , pulse was 65 . whatinvestigation must to be done? a)
thyroid function

b) liver and thyroid

161. Patient taking a medication , came to the ER suspecting she has overdose of her medication, her symptoms (convulsion, dilated pupil, hyperreflexia and strabismus) the medication is a) TCA

SSRI

Hypervitaminosis

28 years old lady, C/O: chest pain, breathlessness and feeling that she'll die soon..O/E : just slight tachycardia .. Otherwiseunremarkable. the most likely diagnosis is: a) Panic disorder

Antidepressant in elderly :

a) Will take time to see effect

164. Man was intent as if he is listening to somebody, suddenly started nodding & muttering. He is having: a)

Hallucination

Delusion

Illusion

Ideas of reference

Depersonalization

165. Male patient, who is otherwise healthy, has depression for 4 months. He retired 6 months ago. O/E: unremarkable except for jaundice. What's your diagnosis:

Major depressive disorder

Mood disorder due to medical illness

Adjustment disorder, depressed type

166. Patient with clinical picture of depression more than 6m on examination she found jaundice diagnosis?

a) Systemic illness lead to mode disorder

b) Major depression

167. Hopelessness most predictor for

Suicide

Impulse control problem

168. 78 old patient start to have memory loss ...gradually since 2 yrs back ..but he is capable of doing his daily activity... dressing himself but lately he start to forget the burner on.. and his personality changed from kind and caring father to agg. And irritable...what u will do a) Do cost effective lx

Refer to geriatric

TCA trial → wrong

Give him Risperidone→(antipsychotic)

Arrange to transfer him to caring facility → true for severe case

169. Obsessive neurosis:

Treatment is east

Clomipramine doesn't not work

Mostly associated with severe depression

Can be cured spontaneously

170. Patient told you the refregator told him that all food inside poisoning: a)

Auditoryhalluscination

Delusion

illeusion

☐ **Note:** hallucination: False perception for which no external stimuli exist illusion: It is a false perception with an external stimulus

171. young girl who become very stressed during exams and she pull her hair till a patches of alopecia appear how to ttt:

Olanzepin

Fluoxetine

172. What's true about antipsychotics?

Predominantly metabloized in the liver

Carbamazepin as a single dose os better than divided doses

173. Acute onset of disorientation, change level of conscious, decrease of concentration,tremor, he mention that he saw monkey! He was well before What's the diagnosis:

Parkinson dementia

Schizo

Delirium

Delusion disorder

174. Most common cause of sleeping in daytime is

Narcolepsy

Mood disturbance

General anxiety disorder

175. Patient exaggerates his symptom when people around :

Somatization

Malingering

Depression

176. Main difference b/w dementia and delirium

Memory impairment

Level of consciousness

Aphasia

177. Patient of depression taken drug which cause neutropenia, ecg change etc a)

SSRI

b) Clozapine

178. Patient taking antidepressant drugs works in an office ,, next day when he came ,he told you that he have planned a suicide plan ,, your action is

Admit to hospital

Counseling

Call to police

Take it as a joke

179. Old man feels that he's forced to count the things and he doesn't want to do so: a)

Obsession

b) Compulsion

180. Long scenario about women with anxiety disorder (asking about the diagnosis) Young female ,complaining of severe headaches over long period, now she starting to avoid alcohol, not to smoking, doing healthy habits, and she notes that she had improved over her last pregnancy,, what you think about her condition?

Biofeedback

She was on b-blocker

Alcohol cessation

181. Which one of the following below is at risk to commit suicide?

20 year college boy who had big conflict with his girlfriend

60 years woman who is taking antidepressant and newly diagnosed to have osteoporosis.

Old male I don't remember, he was sick but not that to commit suicide.

182. 6months postpartum having hallucination ,delusion ,disorganized thinking and speech , having social and emotional difficulty , having history of child death 3 months ,, all of the following should be the possibility except

Schizophrenia

Schizophreniform disorder

Brief psychotic disorder

Schizoaffective disorder

183. Patient having elevated mood state characterized by inappropriate elation, increased irritability, severe insomnia, increased speed and volume of speech, disconnected and racing thoughts, increased sexual desire, markedly increased energy and activity level, poor judgment, and inappropriate social behavior ,,, associated with above pt should have one more symptom to fit on a diagnosis a) Hallucination

Dellusion

Grandiosity

Dellirium

184. Which one of these drugs is not available as emergency tranquilizer in psychiatric clinics: a)

Haloperidol

Phenobarbital

Lorazepam

185. Old man psych patient, has hallucination, aggressive behavior, loss of memory,Living without care, urinate on himself, what is next step to do for him?

Give antipsychotic

Admit him at care center for elderly

186. What is the mechanism of OCD drugs:

Increase availability of Serotonin

Decrease production of Serotonin

Increase production of Serotonin

187. The best drug used in treating schizophrenia, mania and schizophreniform disorders is: a)

Risperidone

Amitriptyline

Olanzapine

Paroxetine

188. Best drug to treat depression in children and adolescent is: a)

Fluoxetine.

Olanzapine.

Lithium

189. Obese child are offended by his friends in school because of his weight, he refused to go to school and think of eating medication pills so he can sleep and won't woke up early morning. His mother brought him to you clinic as general physician you will:

Refer him to a mental health professional.

Tell her that the children sometimes "grow out" rather than "grow up".

Teach the mother about healthy diet modification.

Start Orlistat.

190. Fluoxetine half life

1-4 days

6-9

191. 14 years old girl failed in math exam. Then she had palpitation, tachypnea and paracethesia. this is a)
hyperventilation syndrome

b) conversion

192. Child after his father died start to talk to himself , walk in the street naked when the family asked him he said that his father asked him to do that , he suffer from those things 3 days after that he is now completely normal and he do not remember much about what he did Dx ? a) Schizophrenia ×

Schizoaffective ×

Schizophreniform ×

Psychosis

There was a fifth choice I do not remember it, I think they make from his father death a cause.

Postitive symptoms: Hallucinations (most often auditory), delusions, disorganized speech, bizarre behavior, and thought disorder

Negative symptoms: Flat affect, emotional reactivity, poverty of speech, lack of purposeful actions, and anhedonia.

Schizophreniform disorder: Symptoms of schizophrenia with duration of < 6 months.

Schizoaffective disorder: Combines the symptoms of schizophrenia with a major affective disorder (major depressive disorder or bipolar disorder).

193. The antipsychotic drug have less pyramidal side effect is?

There was significant optimism when they were first developed and it was thought that they represented a breakthrough in the treatment of schizophrenia due to having less extra-pyramidal side effects at therapeutic doses. The extra-pyramidal side effect has been the one significant set of side effect that has led to poor compliance with antipsychotic medication.

The common atypical antipsychotic drugs include risperidone, olanzapine, quetiapine, aripiprazole, ziprasidone, clozapine and amisulpride.

antipsychotic drug side effect for onset : 4 hours: Acute dystonia , 4 days: Akinesia , 4 weeks: Akathisia , 4 months: Tardive dyskinesia (often permanent)

194. Patient with psychosis on medication developed rigidity and uprolling eyes , afebrile : a)

Tardive dyskinesia

Malignant neuroleptic

Hypotonic

195. antidepressant action starts within

1 day

1 wk

2wk

3-4 wk

196. Patient with Premature ejaculation + libido + Erectile dysfunction he is thin and looks sad, he is married for 26 years obese and annoying wife, he came for treatment:

Testosterone Injection every one week

Sublingual Nitroglycerin 6h before intercourse

SSRI

197. Patient c/o low self esteem and fatigue. Lack of interest and concentration loss of sleeping, depressed mood for last 2 years what DX

a) Dysthymic

198. Patient has fear, SOB, sweating when he is in automobile, DX

Specific phobia

panic disorder

generalized anxiety disorder

199. Patient complains of hearing voices from the microwave and refrigerator a)

Visual hallucination

b) Auditory hallucination

200. Old retired man having insomnia only. no symptoms related to anxiety or depression, U will give him: a)

Diazepam

☐ If zolpidem is in choices it is more accurate

Patient covers the TV because he says that they see him and will split on his face..... diagnosis: a) SCZ

A man has excessive worry from germs on his hand

Specific phobia

Agoraphobia

OCD

203. Psychosis postpartum:

insidious onset

common

usually suicide

204. Boy with nocturnal enuresis psychotherapy fail to show result yo will sart him on : a)

Imipramin vassopressin

Imipramin guanfacin

Clonidin vasopressin

cloridin guanfacin

205. Most common psychiatric condition comes with mania?

Paranoid

Grandiosity

206. The best ttt for binge eating disorder:

cognitive - behavioral therapy

problem - solving therapy

interpersonal therapy

207. What is the definition of insomnia?

Inability to have immediate sleep when you are very tired

Disturbance of sleep cycle??

Inability to get sleep even if you take medication

Disturbance of sleep rhythm that person sleepy at daytime and insomnic at night

208. Psycatric patient see alien talke to her and insertion of idea

a) Start antipsychotic treatment

209. To measure the cognition in old patient:

Clock test

Memory test

Other I did'nt remember

210. Psycatric patient with liver imparment best to give ?:

a) Lithum

211. man walking in street and saying bad words to stranger , he is not aware of his conditiond he kept doing that as if he asked to , what is the description :

Flight of idea

Insertion of idea

Loosening of association

212. A mother came with her son who is 7 years old with poor concentration. Lack of intelligence and play and repeat some of his action

Autism

Hyper active disorder

213. Drug of choice of generalized anxiety disorder is:

Acetazolamide

Bupropion

Buspirone

beta blocker

361

214. If a patient of migraine headache has not been treated; which condition do you suspect the patient will develop

Hearing loss

Depression

Dysphagia

Loss of vision

215. What is the definition of insomnia:

Inability to fall asleep when you are tired

Inability to fall asleep or stay asleep for adequate time

Inability to fall asleep after hypnotic medications

Sleep cycle reversal

216. A possible side effect of amitriptyline:

increased salivation

weight gain

217. The first line treatment of panic disorder is:

TCA

SSRI

beta blocker

benzo

218. Patient has depressed mood since 3 months due to conflict in his work, treatment: a)

SSRI

b) Supportive therapy (sure I get 5/5 in psych).

219. What is the best management for binge eating disorder:

a) cognitive behavioral therapy

220. The most common side effect of antipsychotics :

a) weight gain

221. Female had history of severe depression, many episodes, she got her remission for three months with Paroxetine (SSRIs) .. now she is pregnant .. your advice:

a) Continue and monitor her depression

Patient was in the lecture room, suddenly had an attack of anxiety with palpitation and SOB, after this episode she fears going back to the same place avoiding another attack a) Panic attack

373

Patient has only problem in delivering speech he reports palpitation + sweating otherwise in the job he is ok with good review what the diagnosis?

Agoraphobia
Malingering
performance anxiety

224. 5 year old with delayed language and social development, repetitive compulsive behaviour and abnormal relation with inanimate object. Diagnosis:

Autism

ADHD

225. Patient treated for auditory hallucination and paranoia , He developed : Drooling, Dizziness, Neutropenia, QTc prolongation, Which one can cause these symptoms ? a) Clozapine

Respirdone
Aripiprazole

226. Regarding Obsessional Neurosis?

The treatment is easy.
Mostly spontaneously resolved
The patient don't know that they have this problem
may lead to depression
Cannot be treated by amitriptyline

227. 45 years old male c/o impotence, anxiety, fatigue, decrease appetite, decrease weight 10kg, there was no marital disharmony, no external cause for anxiety, what is the diagnosis? a) GAD

Major depressive disorder
social phobia
secondary depression
Something related to sexual disorders!

Antipsychotic associated with least incidence of tardive dyskinesia: a)

Respiradon

Female with hypokalemia , swollen glands , tetany and eroded enamel of the teeth: a) Bulimia nervosa

b) anorexia nervosa

230. Propylthiouracil (PTU) mode of action :

a) inhibit thyroperoxidase



ENT

1. 56 years old present with vasomotor rhinitis

Local anti-histamine

Local decongestion

Local steroid

Systemic antibiotic.

☐ Antihistamines and oral decongestants.

2. 9 years old patient come with ear pain, red tense tympanic membrane, and negative Rhine's test with positive Weber test with lateralization (conductive loss) for TOW days only? a) Otitis media

Otosclerosis

cholesteatoma

The same case above BUT he said conductive hearing loss directly without those tests a)

Otitis media

A child was treated for otitis media with 3 different antibiotics for 6 weeks but without improvement. Which antibiotic is the best treatment?

Amoxicillin

Penicillin

Cephalexin (cefprozil)

Amoxicillin and Clavulonic acid

Erythromycin and sulfamethoxazole

5. best treatment for otitis media

a) Amoxicillin

6. Patient presented with ear pain , red tympanic membrane , apparent vessels , with limited mobility of the tympanic membrane , what the most likely diagnosis

Acute otitis media.

Tympanic cellulitis.

Mastoiditis.

Otitis media: Caused by infection with Strep. Pneumonia, H. influenza. It follows URTI, this leads to swelling of the Eustachian tube, thus compromising the pressure equalization.

Types: AOM: Viral & self-limiting. Bacterial leading to pus Bacterial infection must be treated with ABx (augmentin) if not it can lead to: Perforation of the drum, Mastoiditis, Meningitis, OM with effusion (secretory OM or Glue ear): Collection of fluid in the middle ear, leading to -ve pressure in the Eustachian tube. Can lead to conductive hearing impairment. Treatment: Myringotomy (ventilation tube or Grommet tube). CSOM: Perforation in the ear drums with active bacterial infection. Otorrhea is +ve.

7. Most common cause of otorrhea:

acute otitis media

cholesteatoma

leakage of cerumen

Eustachian tube dysfunction

8. Patient with difficulty getting air. Nasal exam showed unilateral swelling inside the nose. What is the initial treatment for this pt:

Decongestant

Sympathomimetic

Corticosteroid

9. Nasal decongestant (Vasoconstrictive) can cause:

Rhinitis sicca

Rebound phenomena

Nasal septal perforation

☐ Rhinitis medicamentosa is a condition of rebound nasal congestion.

10. Patient with ear pain and discharge, on examination he feels pain with moving ear pinna, normal tympanic membrane erythematous auditory canal. diagnosis a) otitis media

b) **otitis externa**

11. Patient with recurrent congested nose and conjunctivitis what would you give him.?

a) **Antihistamine and oral decongestant**

12. One of the steps in managing epistaxis:

Packing the nose

Press the fleshy parts of nostrils

Put patient of lateral lying position

13. Young patient with congested nose, sinus pressure, tenderness and green nasal discharge, has been treated three times with broad spectrum antibiotics previously, what is your action: a) Give antibiotic

Nasal corticosteroid

Give anti-histamine

Decongestant

14. Old man with cognitive deficit what we will screen?

a) IQ test

Involuntary movement test

MEMORY score test

Hearing test

15. Young man came with nasal bleeding from posterior septum not known to have any medical disease or bleeding disorder MANAGEMENT is.

Tampon in posterior septum

Screen for blood and coagulation

Inject septum by vasoconstrictor

spray anaesthetic or vasoconstrictor

16. What is the best diagnostic test for maxillary sinusitis:

CT scan

X ray

Torch examination

MRI

US

17. Which of the following is an indication for tonsillectomy?

Sleep apnea

Asymptomatic large tonsils

Peripharyngeal abscess

Retropharyngeal abscess

18. Epistaxis treatment:

a) **site upright forward w mouth open and firm press on nasal alar for 5 min**

19. A 45 years old lady was complaining of dizziness, sensory neural hearing loss on her left ear (8th nerve palsy), tingling sensation & numbness on her face, loss of corneal reflex. MRI showed a dilated internal ear canal (other Q C.T scan shows intracranial mass). The diagnosis is: a) **Acoustic neuroma**

Glue ear

Drug toxicity

Herpes zoster

Cholesteatoma

20. A child presented with earache. On examination there was a piece of glass deep in the ear canal. The mother gave a history of a broken glass in the kitchen but she thought she cleaned that completely. The best management is:

Refer to ENT

Remove by irrigation of a steam of solution into the ear

Remove by forceps (don't irrigate)

Remove by suction catheter

Instill acetone into the external auditory canal

☐ Consult an ENT specialist if the object cannot be removed or if tympanic membrane perforation is suspected.

21. A 15 years old boy present with 5 days history of pain behind his left ear and 3 days history of swelling over the mastoid. He had history of acute otitis media treated by amoxicillin but wasn't a complete course (or in other Qs he didn't took the medication). On examination he has tenderness over the mastoid bone with swelling, tympanic membrane shows absent cone reflex and mild congestion. what is the diagnosis:

acute otitis media

serious otitis media

Acute mastoiditis

glue ear

22. Most common cause of hearing loss in children:

Chronic serous otitis media

Eustachian tube dysfunction

Ototoxic drugs

☐ presbycusis the most sensorineural hearing loss in adult and otosclerosis commonest cause of conductive hearing loss

23. Treatment of cholesteatoma is

Antibiotic

Steroid

surgery

Grommet tube



24. Child with ear pain with positive pump test for tympanic membrane, treatment is:

a) **Maryngiotomy**

b) Amoxicillin/Potassium

25. child with unilateral nasal obstruct with bad odor (Fetid i.e: offensive odor)

unilateral adenoid hypertrophy

FB

26. Child came with inflammation and infection of the ear the most complication is: a)

Labrynthitis

Meningitis

Encephalitis

Mastoiditis

☐ **N.B:** If they are implying an Otitis media, then Mastoiditis is more likely to occur than Meningitis.

27. most common site of malignancy in paranasal sinuses :

a) **90% Maxillary and ethmoid sinus**

28. 2 years old child with ear pain & bulging tympanic membrane, what is the diagnosis?

a) **Otitis media**

Otitis externa

Otomycosis

Bullous myringitis

29. First step in management of epistaxis:

Pinching the fleshy part of the nose

Adrenaline

Nasal packs

Not interfering

30. Case of temporal arteritis, what's the treatment:

a) **Corticosteroids**

31. The most common cause of cough in adults is

Asthma

Gerd

Postnasal drip

32. A 5 year old child came with earache on examination there is fluid in middle ear and adenoid hypertrophy. Beside adenoidectomy on management, which also you should do? a)

Myringotomy

Grommet tube insertion

Mastidectomy

Tonsillectomy

☐ **N.B:**

Myringotomy (is used for bulging acute otitis media)

Grommet tube insertion (is used for recurrent acute otitis media)

33. Boy 3 day after flu symptom develop conjunctivitis with occipital and neck L.N enlarged so diagnosis is

a) **adenoviruses**

streptococcus

HSV

34. 50 years with uncontrolled diabetes, complain of black to brown nasal discharge. So diagnoses is

a) **mycomyosis**

aspirglosis

foreign body

b) Mycomyosis (fungal infection caused by Mycorales, affect nasal sinus & lungs, characterized by black nasal discharge, diagnosis by biopsy).

35. Glue ear (secretory otitis media, otitis media w effusion, or serious otitis media)

Managed by grommet tube

Lead to sensorineural hearing loss

Pus in middle ear

Invariably due to adenoid

36. MOST Prominent symptom of Acute otitis media

Pain

Hearing loss

Discharge

tinnitus

37. All are true about hoarseness in adult , EXCEPT :

due to incomplete opposition of the vocal cord

if > 3 weeks : need laryngoscopy
if due to overuse, advise to whisper a few weeks
commonly seen in bronchus Ca

Feature of myxedema

38. Regarding tinnitus all true except:

A symptom that is not experienced by children.

Present in anemia (iron deficiency anemia, B12 def)
As salicylate complication that improves with drug withdrawal
If associated with deafness it improves if hearing loss improves.

39. What is the commonest cause of otorrhea?

Otitis externa

CSF otorrhea
Liquefied eczema
Eustachian tube dysfunction

40. Regarding aphthous ulceration in the mouth all are true except:

There is no treatment for acut ulcer

Tetracyclin suspension helps in healing
There is immunological role in its role in its development
Mostly idiopathic in origin

41. Patient had hoarseness of voice for 3 weeks, what is the next to do?

- a) Throat swab
- b) **Laryngoscopy**

42. A lady with epistaxis after quttary of the nose, all true except:-

Don't snuff for 1-2 days
Use of nasal packing if bleeds again

Use of aspirin for pain

Common causes of epistaxis: Chronic sinusitis, nose picking, Foreign bodies, Intranasal neoplasm or polyps, Irritants (e.g cigarette smoke), Medications (e.g topical corticosteroids, aspirin, anticoagulants, NSAID), Rhinitis, Septal deviation, Septal perforation, Trauma, Vascular malformation or telangiectasia, Hemophilia, Hypertension, Leukemia, Liver disease, Platelet dysfunction and Thrombocytopenia

Initial management includes compression of the nostrils (application of direct pressure to the septal area) and plugging of the affected nostril with gauze or cotton that has been soaked in a topical decongestant. Direct pressure should be applied continuously for at least five minutes and for up to 20 minutes. Tilting the head forward prevents blood from pooling in the posterior pharynx

43. Patient is complaining of right side pharynx tenderness on examination patient had inflamed right tonsil and redness around tonsil with normal left tonsil. The diagnosis is: a) Parenchymal tonsillitis

Quinse parapharyngeal abscess

Peritonsillar abscess "hot potato voice"

44. Child patient after swimming in pool came complaining of right ear tenderness on examination patient has external auditory canal redness, tender, and discharge the management is:

Antibiotics drops gentamicin or cipro avoid aminoglyco

Systemic antibiotics--only if cervical lymphadenopathy or cellulitis

Steroid drops--only if chronic

Antibiotics and steroid drops "The best if both drops"

☐ Topical aural medications typically include a mild acid, a **corticosteroid** (to decrease inflammation), an **antibacterial agent**, and/or an **antifungal agent**

45. Child came with inflammation and infection of the ear the most complication is:

Labrynthitis can be but not the most common

Meningitis most common intracranial complication but for extracranial is posturicular abscess c)

Encephalitis

46. Anosmia (unable to smell)

Frontal

Occipital

Temporal

Parietal

47. Patient suffer sensorineural loss ,vertigo, dizziness 3 years ago and now developed numeness and weakness of facial muscles dx:

Menier disease

Acoustic neuroma

Acute labrinthitis

☐ Meniere Disease: Fluctuating hearing loss, sudden onset Vertigo, Roaring tinnitus and nausea/vomiting.

48. Patient with seasonal nasal discharge , watery , what is the first management:

e) Decongestant

Antihistamine

steroid

49. Patient presented with nausea and vomiting and nystagmus with tinnitus and inability to walk unless he concentrates well on a target object. His Cerebellar function is intact: a) **Benign positional vertigo**

meniere's disease (vertigo, tinnitus, hear loss, aural fullness)

vestibular neuritis(nausea ,vomiting, inability to stand, vertigo)

50. 5 years old adopted child their recently parents brought him to you with white nasal discharge. He is known case of SCA. What you will do to him:

a) **Give prophylactic penicillin**

51. Right ear pain with plugging of tympanic membrane

a) **Secretory otitis media**

AOM presents with rapid onset of pain, fever & sometimes irritability, anorexia, or vomiting
In AOM drum bulging causes pain then purulent discharge if it perforates

52. Ranula:

Forked uvula

Thyroglossal cyst

Swelling at the floor of mouth

53. Fetal unilateral nasal discharge is feature of:

Adenoid

Choanal atresia

Foreign body

RT atrophy

54. the most common cause of epistaxis in children is:

polyps

Trauma (i.e. nose picking)

dry air

thrombocytopenia

☐ Epistaxis is more prevalent in dry climates and during cold weather.

55. Swallowed foreign body will be found in all of the following except: a)

Stomach

Tonsil

Pharyngeal pouch

Piriform fossa

56. Adenoids:

Can be a chronic source of infection.

Causes snoring.

Located at the back of the nasopharynx 1 inch above the uvula.

Involved in the immune system reaction.

All of the above.

57. All are normal in association with teething EXCEPT:

Rhinorrhea

Diarrhea

Fever > 39 C

Irritability

58. All features of tonsillar abscess except :

a) Deviation of uvula to affected side

59. Case scenario ,child present with rhinorrhea & sore throat for 5 days present with middle ear perfusion, examination of the ear : no redness in the ear the cause of perfusion :

otitis media because no pain

Upper respiratory infection.

60. Patient smoker and alcoholic come with difficulty in swallowing and neck mass, Investigation?

a) Indirect laryngoscope

Neck CT

Head CT

Biopsy

Aspiration

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61. child fall from stairs came with mild injury to the nose, no bleeding and edema in the nasal sputum , treatment:

Nasal packing

Reassure

Analgesia

Refer to ENT (he will give analgesia)

62. 16 years old female become deaf suddenly. Her mother become deaf when she was 30, diagnosis:

a) Otosclerosis

acoustic neuroma

tympanic perforation

☐ It is an autosomal dominant, conductive HL, stapes footplate

63. Regarding barret esophagitis which correct?

Risk of adenocarcinoma

risk of Squamous cell CA (if said in Qs w\o history of GERD it'll the correct answer)

64. 35 year old smoker, on examination shown white patch on the tongue, what is the management? a)

Antibiotics

No treatment

Close observation

Excision biopsy

☐ biopsy if it pre-cancer then do excision biopsy

65. Patient was presented by ear pain , red tympanic membrane , apparent vessels , with limited mobility of the tympanic membrane , what the most likely diagnosis :

Acute otitis media

Tympanic cellulitis.

Mastoiditis.

66. Patient after swimming pool (clear Dx of otitis externa) treatment is:

b) nothing

amphotericin B

steroid

ciprofloxacin drops

67. Post-partum female with recurrent attack of hearing loss , which diagnosed as conductive hearing loss , on CT the is adhesion in the of semicircular canal diagnosis is a) Otosclerosis

miner's

Tuberous sclerosis.

68. Purulent discharge from middle ear how to treat him

systemic AB

local AB

steroid

69. Child with URTI then complained from ear pain on examination there is hyperemia of TM &+ve insufflations test he tri 2 drug no benefit what is the best treatment? a) Augmentine

azythromycin

ciprofloxacin/steroid

70. Waking up from sleep. Can't talk, no fever, can cough, normal vocal cord, what is the diagnosis?

a) **Functional aphonia** "loss of speech without attributable cause"

Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver, what is the diagnosis?

a) **infectious mononucleosis**

URTI with meningococcus type A treatment is

Rifampicin

Penicillin, ampicillin, chloramphenicol, ceftriaxone

73. URTI with streptococcus type A, treatment is

a) **Penicilline for 10 days**

☐ Treatment with penicillin should be started. Erythromycin or another macrolide can be used in patients who are allergic to penicillin. Treatment with ampicillin/sulbactam is appropriate if deep oropharyngeal abscesses are present. In cases of streptococcal toxic shock syndrome, treatment consists of penicillin and clindamycin, given with intravenous immunoglobulin

74. 5 years old seen in ER presented with fever & sore throat , which of the following suggest viral etiology :

a) Presence of thin membrane over the tonsils

Palpable tender cervical LN

Petechial rash over hard or soft palate

absence of cough

Rhinorrhea of colourless secretion

75. 4 years old presented with 2 day history of shortness of breath a seal like cough with no sputum and mild fever. on examination he did not look ill or in distress

acute Epiglottitis

croup

angioedema

	Croup	Epiglottitis
Onset	Days	Hours
Flu-like symptoms	Yes	No
Cough	Sever	Absent
Able to drink	Yes	No
Drooling saliva	No	Yes
Fever	< 38	> 38
Stridor	Harsh	Soft
Voice	Hoarse	Muffled

76. Child right ear pain and tenderness on pulling ear , no fever , O/E inflamed edematous rt ear canal with yellow discharge, diagnosis

Otitis media

Otitis externa

Cholesteatoma

77. Child with decrease hearing, her grandmother has deafness, Renie & Weber revealed bone conduction more than air conduction, mx “osteosclerosis”

reassure

refer her to hearing aid

Prescribe hearing instrument.

Refer her to otolaryngologist

78. acute otitis media criteria

Not should be with effusion

rapid sign and symptom

79. Child came to you with barking cough, Stridor and by examination you see “ Steeple Sign “ what is your diagnosis ?

Epiglottis

Croup

80. 50 years old male , smock 40 packs / year develop painless ulcer on the lateral border of the tongue which is rolled in with indurated base and easily bleed what is you diagnosis ? a) Squamous

cell carcinoma

Aphthous ulcer

Syphilis

81. Patient develop nasal discharge with frontal headache

Acute sinusitis

Migraine

Temporal arteritis

Temporal

82. 55 years old male pt, presented with just mild hoarseness, on exam, there was a mid cervical mass, best investigation is

Indirect laryngoscope

CT brain

CT neck

83. Old patient presented with Ear pain ,headache , hem paresis, most likely cause:

a) **Epidural abscess**

Spinal abscess

Subd Subdural hematoma

84. Patient has snoring in sleeping and on exam there is large tonsils, what u will do for him?

a) **Weight reduction**

b) Adenoidectomy

85. Which of the following doesn't cause ear pain?

Pharyngitis

Otitis

Dental caries

Vestibular neuritis

☐ Main symptom is vertigo lasts for several days or weeks, suddenly, with nausea and vomiting not lead to loss of hearing

86. Old man came complain of progressive hearing loss , it is mostly propounded when he listening to the radio, he does not has any symptoms like that before Weber and rinne tests result in bilateral sensorineural hearing loss.. Diagnosis:

Meniere's disease

Otosclerosis

Noise induced deafness

Hereditary hearing loss

87. Patient find perforated tympanic membrane with foul whitish discharge dx? b)

Otosclerosis

Otitis externa

Cholesteatoma

88. Young male had pharyngitis, then cough and fever, what is the most likely organism?

a) Staph aureus

b) **Streptococcus pneumonia**

89. 7 years old child coming with SOB and wheezing he was sitting in bed, leaning forward, with drooling & stridor, what is diagnosis?

Epiglottitis

Bronchial asthma

90. Child presented with dysphagia, sore throat, postnasal drip, drooling of saliva, rhonchi & fever of 38.5°C. The treatment is:

Hydrocortisone injection immediately
Call otorhinolaryngology for intubation
Admit to ICU
Give antibiotics & send him home

acute epiglottitis If the was stable : ICU
If patient is unstable ; Airway must be secured Use of steroid is controversial

91. Child with epiglottitis will present with all of the following EXCEPT:

a) Fever
Dysphagia
like to lie in supine position
Stridor

Epiglottitis usually presents abruptly and rapidly with fever, sore throat, dysphagia, respiratory distress, drooling, and anxiety.

Physical: Patients tend to appear seriously ill and apprehensive. Characteristically, patients have a "hot potato" muffled voice and may have stridor. Usually children will assume the "sniffing position" with their nose pointed superiorly to maintain an adequate airway.

92. Most common site of malignancy in paranasal sinuses :

a) **Maxillary sinus**

Child is having a croup early morning, the most common cause is: a)
Post nasal drip

Patient is post rhinoplasty, presented with brown discharge with foully odor from the wound, what could be the management?

a) **Debridement and antibiotic**

95. All the following are present in otitis media except:

Signs & symptoms of inflammation
Signs & symptoms of effusion
High grade fever
Pain

☐ Tympanostomy tube (also called a "grommet") into the eardrum IN OME

96. 4 years old patient comes with cystic swelling behind lower lip varying in size has bluish discoloration:

a) **ranula " ruptured salivary gland duct usually caused by local trauma"**

Generalized skin rash associated with lymph node enlargement: a)
EBV

enlarger unilateral tonsils:

a) peripharangial abcses

99. One of them causes conductive hearing loss :

Acute otitis media

Syphillis

Meneria disease

100.5 years old child with history of fever and swelling of the face ant to the both ears (parotid gland enlargement) what is the most common complication a) Orchitis.

encephalitis

mastoiditis

Meningitis.

Mump complication orchitis in adult males, oophoritis in adult females and meningitis in children

Complication of measles children, the most common one is otitis media; for adult, it is Pneumonia (not interstitial pneumonia, it is the super infection by Strep.

Complication of infectious mononucleosis Common Splenomegaly, spleen rupture, Hepatomegaly, hepatitis and jaundice. Less common :Anemia ,Thrombocytopenia ,inflammation of the heart, meningitis, encephalitis, Guillain-Barre syndrome, Swollen tonsils, leading to obstructed breathing

101.All features of tonsillar abscess except : a)

Deviation of uvula to affected side:

Complication of tonsillitis and consists of a collection of pus beside the tonsil. Severe unilateral pain in the throat, F (39°C) Unilateral Earache Odynophagia and difficulty to swallow saliva. Trismus is common, muffled voice, "hot potato" voice. Intense salivation and dribbling, Thickened speech, Foetor oris, Halitosis Pain in the neck causative. Commonly involved species include streptococci, staphylococci and hemophilus. surgical incision and drainage of the pus and treat with penicilline or clindamycin

Complications :Retropharyngeal abscess, airway compromise(Ludwig's angina), Septicaemia, necrosis of surrounding deep tissues , rare mediastinitis

102.Patient taking treatment for TB came with imbalance, hearing loss which drug? a)

INH- peripheral neuritis

Strept (8th nerve damage "ototoxicity" , nephrotoxicity)

Rifampin - causes thrombocytopenia and pink orange color of urine and ocp are inafective if used with it d)

Ethambutol - causes reversible optic neuritis

e) Pyrazinamide - causes gout

all causes hepatitis except streptomycin

for memories the side effect ...

(R) ifampin: (R) ed secretions + (R) ash + CYP 450 inducer..

(E) thambutol: (E)ye .. optic or retrobulbar neuritis

(P) yrazinamide: g is the mirror image of p so: hepatotoxic + (g)out "hyperurecemia" INH:

CYP 450 INHibitor + Periphral neuropathy (so give Pyridoxine)

Streptomycin belongs to aminoglycosides which are known for their ototoxic and nephrotoxic effects

103.patient with URTIs , she said , I saw flash when I sneeze why :

Mechanical irritation

Chemical irritation

104. Old patient with abnormal ear sensation and fullness, history of vertigo and progressive hearing loss , invx low frequency sensorial hearing loss Dx

Acoustic neuroma

Neuritis

Meniere's disease

☐ **Meniere's disease:** a cause of recurrent vertigo with auditory symptoms more common among females. Hx/PE: Presents with recurrent episodes of severe vertigo, hearing loss, tinnitus, or ear fullness, often lasting hours to days. Nausea and vomiting are typical. Patients progressively lose low-frequency hearing over years and may become deaf on the affected side.

105. Patient came with peeling, redness, waxy appearance in the scalp margins, behind the ear and nasal fold best treatment is:

Topical antifungal

Antibiotic

Steroid

Seborrheic dermatitis affecting the scalp, face, and torso. Typically, seborrheic dermatitis presents with scaly, flaky, itchy and red skin

Treatment: combines a dandruff shampoo, antifungal agent and topical steroid

106. Adult patient came with acute otitis media received amoxicillin for 1 week , follow up after 3 weeks u found fluid behind tympanic membrane :

Give AB for 10 days

Antihistamine

Follow up after 1 m can resolve spontaneously (Assurance)

Give another AB

107. What true about management of epistaxis? a)

compress carotid artery

Compress flesh part of nose together

place nasal tampon

put the patient on side position

do nothing

108. 55 years old male presented with intermittent vertigo and tinnitus. He had history of progressive hearing loss for 3 years. MRI of the brain will show:

Acoustic neuroma.

No abnormal changes.

109. Child with URTI, developed ear pain, diagnosed with acute otitis media. The best antibiotics for AOM:

a) Penicillin.

Amoxicillin.

Ceftriaxone.

110. Patient had seasonal runny nose, itching and nasal obstruction, treated many times with broadspectrum antibiotics. The most EFFECTIVE therapy is:

Antibiotics.

Nasal decongestant.

Antihistamines.

Topical Corticosteroids

111. Posterior epistaxis with unremarkable history what is next :

Post nasal tampon

blood coagulation studies

112. Undisplaced nose fracture, what is next step?

Refer to ENT surgeon

Ice and analgesics

Anterior packing

113. Picture of base of mouth showing a white patch with sharply-demarcated edges. Patient is male, long-term smoker and chews tobacco, presents with painless lesion in mouth. What is the next most important step:

Topical Fluconazole

Biopsy

Wide surgical excision

☐ Diagnosis is leukoplakia

painless white plaque

associated with smoking

on the mucous membranes of the oral cavity, including the tongue, but also other areas of the gastrointestinal tract, urinary tract and the genitals

Tobacco, either smoked or chewed, is considered to be the main culprit in its development

5% to 25% of leukoplakias are premalignant lesions; therefore, all leukoplakias should be treated as premalignant lesions by dentists and physicians - they require histologic evaluation or biopsy

114. Most common cause of otitis media all ages

Staphylococcus aureus

Streptococcus pneumonia

115. ulcer on the nose with averted edge

Basal cell carcinoma

Herpes simplex

116. Patient with meniere disease advised to take

Low salt no caffeine

Low salt high caffeine

High salt no caffeine

High salt low caffeine

117. Patient with pharyngo tonsillitis he took antibiotic and improved in 2 days <the full course of antibiotic should be for:

5 days

2-7 days

14 days

10 days

118. Tympanic membrane perforation in cases of cholesteatoma are commonly situated in :

a) anterior part of mem tensa

Centre of mem. tensa

posterior superior segment

posterior inferior segment of the tympanic membrane

119. Most common cause of recurrent tonsillitis is

Group A beta hemolytic streptococcus

parainfluenza

Rhinovirus.

120. Regarding strep pharyngitis: same as q13 but choices are complete: a)

No treatment should be given until strep infection is proven.

Treatment has no effect on rapidity of solution of infection

Treatment prevents post-strep glomerulonephritis

Treatment can be postponed for 9 days

Clindamycin is the drug of choice

**121. A young healthy male complains of sleep apnea on examination there is only enlarged tonsils
management:**

Adenoidectomy

Reduce weight

**122. Patient came with sore throat, ear pain and cough. On examination, tympanic membrane is inflamed
with hemorrhagic vesicles. What is the organism?**

strep pyogenes

pseudomonas

mycoplasma

**123. Young patient with decreased hearing and family history of hearing loss, ear examination was normal
Rene and Weber test revealed that bone conduction is more than air conduction, what would you do? a)**

Tell him it's only temporary and it will go back to normal.

Tell him there is no treatment for his condition.

Refer to audiometry.

Refer to otolaryngologist

124. Patient with epiglottitis what in the next step a)

Nasopharyngeal intubation

Endotracheal intubation
Tracheostomy

125. patient has fever and vesicular rash all over his palate and uvula , that later ulcerated and became painful:

a) Herpangina

126. Patient with hx of acute otitis media , came with cloudy discharge from his left ear you should manage him by :

topical antibiotic

systemic antibiotic

steroids

127. Patient with left tonsil enlargement and exudates: a)

Quinsy

128. Young patient with pharyngitis, inflammation of oral mucosa and lips that has whitish cover and erythematous base, febrile, splenomegaly.

more common in children less than 14 yrs

EBV

HZV

129. Patient with seasonal watery nasal discharge, sneezing and nasal block. What should you give him as a treatment:

Topical steroid

Decongestants

Antihistamines

Systemic Steroids

130. Child presented with decreased hearing for 1 year, on exam. there is fluid behind the ear drum and adenoid hypertrophy. In addition to adenoidectomy what will you do: a) Myringotomy.

Gromet tube insertion.

Antibiotics.

131. Patient with perforated tympanic membrane ttt:

a) Topical ABX

Topical steroid

Systemic ABX

Systemic steroid

132. 25 years old female came complaining of difficult hearing , she mentioned that their a family history of early onset hearing loss (her grandmother) Oto. Exam was normal .. Weber and rinne tests result in (bone conduction is greater than air conduction) ... Next action is :

Refer her for aid hearing

Tell her there is no available ttt

Refer her to otolaryngologist

133. patient with nasal congestion, watery nasal discharge and conjunctivitis, ttt:

a) oral antihistamine

Na cromoglycate

Topical steroid

134. Common cause of AOM in all age groups:

a) H influenza

b) **St. pneumoniae**

135. 23 years old lady with one month history of nasal discharge & nasal obstruction, she complained of pain on the face, throbbing in nature, referred to the supraorbital area, worsen by head movement, walking, & stopping. On examination , tender antrum with failure of transillumination (not clear), the most likely the diagnosis is:

frontal sinusitis

maxillary sinusitis

dental abscess

chronic atrophic rhinitis

chronic sinusitis

136. Submandibular swelling & pain during eating what best investigating a)

X-ray

US

CT

MRI

Diagnosis is usually made by characteristic history and physical examination. Diagnosis can be confirmed by x-ray (80% of salivary gland calculi are visible on x-ray), or by sialogram or ultrasound.

CT scans are 10 times more sensitive than x-ray

137. all are speech disorders except:

- a) Stuttering
- Mumbling
- Cluttering

Palilia

☐ **Types of speech disorders:** Cluttering , Stuttering, Apraxia, Lisp, Rhotacism, Spasmodic dysphonia, Aphasia, Dysarthria, Huntington's disease, Laryngeal cancer, Selective mutism, Specific Language Impairment, Speech sound disorder and Voice disorders

138. 28 years old AOM he was treated with Amoxicillin, came after 3 wks for F/U there was fluid collection behind tympanic membrane ,no blood wt to do nxt:

Watchful waiting

Myringotomy

139. Patient febrile 38.5, ear ache, discharge, parasthesia and hemiparesis on the same side

a) **HZV**

epidural abscess

subdural hematoma

140. Patient with seasonal watery nasal discharge, sneezing and nasal block. What should you give him as a treatment:

Topical steroid

Decongestants

Antihistamines

Systemic Steroids

141. Child with recurent otitis media was going to have tonsillectomy, what can u do else to improve his condition?

Myringotomy

Grommet insertion

142. Male fell from 10 stairs, on examination contusion over the nose. Your action will be. a)

CT scan

b) **referred to ENT**

143. what is questioner used to diferentiate between sleep apnea and snoring a)

mitchigan

epworth

cooner

144. A lady patient otherwise healthy complaint a hissing sound in her ears at night during sleeping; her bedroom is sound proof and no noise coming from outside. Diagnosis? a) Migraine

Otosclerosis

otitis media with effusion tinnitus

145. Bad breath smell with seek like structure, no dental caries & lx are normal, what's the likely cause:

a) cryptic tonsillitis

Sojreen's synd.

could be zincker diverticulum

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146. Patient with a large nodule in the nose which is painful and telangiectasia on the face you will give: a)

Deoxycycline(not sure)

Clindamycin

retinoid

Indication to give prophylactic antibiotic to recurrent sapurative otitis media in children:

Offensive white ear discharge with white rigid tympanic membrane asking for diagnosis: a) one of the chioses are spicteccusis

Child with URTI then complained from ear pain on examination there is hyperemia of TM &+ve insufflations test he tri 2 drug no benefit what is the best TTT>>

Augmentin

Azithromycin

Ciprofloxacin

steroid

Ophthalmology

1. Male patient developed corneal ulcer in his right eye after trauma, what is the management? a)

Topical antibiotic & analgesia

b) Topical steroid

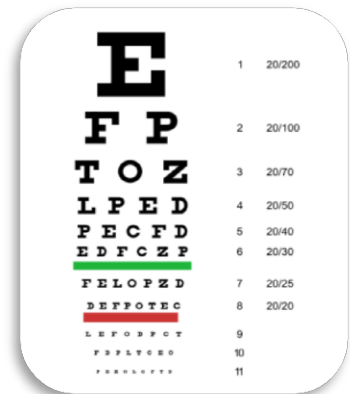
2. Old diabetic patient with mild early cataract and retinal pigmentation with Drusen formation, you prescribed anti oxidant, what to do next?

urgent ophthalmology appointment

Routine ophthalmology referral

Cataract surgery

See him after One month to detect improvement



3. A picture of Snelling chart the q was how far should the patient stand :

a) 3m

6m

9m

4. Which of the following is not a sign or symptom of central retinal artery occlusion? a)

Painful loss of vision

Painless loss of vision

Previous transient loss of vision

Dilated pupil with sluggish reaction to light

5. female patient with right eye pain and redness with watery discharge, no history of trauma, itching, on examination there is diffuse congestion in the conjunctiva and watery discharge what you'll do: a) Give

Ab

Give antihistamineby exclusion

Topical steroid

Refer her to the ophthalmologist

No need for further management

6. Patient complaining of pain when moving the eye, fundoscopy→ normal, what is the diagnosis? a)

Optic neuritis

b) Papillodema

7. Child with large periorbital hemangioma , if this hemangioma cause obstruction to vision , when will be permanent decrease in visual acuity After obstruction by one day a) By 1 week

By 3 months

By 6 months

8. Infant born with hemangioma on the right eyelid what is appropriate time to operate to prevent amyopia:

1 day

1 week

3 months

9 months

9. 50 year old Man presented to ER with sudden headache, blurred of vision and eye pain. The diagnosis is: a)

Acute glaucoma

Acute conjunctivitis

Corneal ulcer

10. Open globe injury, treatment is:

Continuous antibiotic drops

Continuous water and NS drops

Continuous steroids drops

Sterile cover and the refered

11. 2 years old boy with coryza, cough and red eyes with watery discharge (a case of measles). Most likely diagnosis of the red eyes is:

Conjunctivitis

Blepharitis

SCA patient , the macula is cherry red , and absence of afferent papillary light reflex a)

Retinal artery occlusion

Patient has decrease visual acuity bilateral, but more in right side, visual field is not affected, in fundus there is irregular pigmentations and early cataract formation.
what you will do

Refer to ophthalmologist for laser therapy

Refer to ophthalmologist for cataract surgery

See the patient next month

14. A patient have tender, redness nodule on lacrimal duct site. Before referred him to ophthalmologist what you will do:

Topical steroid

Topical antibiotics

Oral antibiotics

Nothing

15. male came to you complaining of sudden progressive decreasing in vision of left eye over last two/three days, also pain on the same eye, on fundoscopy optic disk swelling was sees , Dx : a) central retinal artery occlusion

central retical vein occlusion

Optic neuritis

macular degeneration

16. Gardener has recurrent conjunctivitis. He can't avoid exposure to environment. In order to decrease the symptoms in the evening, GP should advise him to:

Cold compression

Eye irrigation with Vinegar Solution

Contact lenses

Antihistamines

17. Patient, medically free came with eye watery discharge, cloudy ant. Chamber with red conjunctiva , Dx:

a) Keratitis

Uveitis (red eye, injected conjunctiva, pain and decreased vision. Signs include dilated ciliary vessels, presence of cells in the anterior chamber)

Retinitis (Night-blindness-Peripheral vision loss-Tunnel vision-Progressive vision loss) d)

Corneal laceration

18. 30 years old patient presented with eye stocking on the morning what the cause?

a) Viral

Bacterial

Fungal

19. Initial treatment of acute angle glaucoma:

a) **IV acetazolamide, topical pilocarpin and B blocker**

20. Patient with lateral and vertical diplopia, he can't abduct both eyes, the affected nerve is:

a) II

III

VI

V

21. Photophobia, blurred vision, keratic behind cornea and cells in anterior chamber, the best treatment is : a)

Topical antifungal

Topical Acyclovir

Antibiotic

Steroid

22. Patient with trachoma in eye. for prevention you should

Water sanitation

Water sanitation & eradication of organism

Mass treatment

23. Patient come with history of flue like symptoms for many days & complain of periorbital edema , DX a)

Viral conjunctivitis

Bacterial conjunctivitis

Keratitis

24. Pterygium in ophthalmology TTT :

a) **Surgery**

25. Patient with ptosis, which nerve is affected?

a) **3rd cranial nerve "oculomotor nerve"**

26. Patient comes with sudden painless loss of vision before going to lose the vision see flashes and high lights asking for diagnosis:

a) Retinal detachment

27. Patient with URTI when he coughs or sneezes sees flashes asking the possible causes:

a) Mechanical stimuli to retina, irritation of optic disc

Hazy vision with subcortical of keratinizing deposition asking for management a)

Systemic steroid

Patient with pain in ophthalmic division of trigeminal nerve & vesicle, which of the following is used to decrease post herpetic neuralgia:

Local steroid.

Systemic acyclovir & steroid

Acyclovir

30. Male patient developed corneal ulcer in his right eye after trauma what is the Mx: a)

Topical antibiotic & analgesia

Topical steroid

Antibiotic, cycloplgia and refer to ophthalmology

31. Blow out fracture eyelid swelling , redness other symptoms

Present air fluid level

Enophthalmos 'posterior displacement of the eye'

32. Attack rate for school children whom developed pink eye , first day 10 out of 50 , second day 30 out of 50 a)

20

40

60

80

33. Patient came with trauma to left eye by tennis ball examination shows anterior chamber hemorrhage you must exclude?

Conjunctivitis

Blepharitis

Foreign body (most likely)

Keratitis

34. Acute angle glaucoma, you can use all of the following drug except? a)

B blocker

Acetazolamide

Pilocarpine

Dipivefrin

35. Patient with foreign body sensation in the eye, after the removal of the foreign body it was insect, treatment:

Local antibiotic

Local steroid

Systemic antibiotic

Systemic steroid

36. Mucopurulent discharge :

a) Bacterial conjunctivitis

☐ The mainstay of medical treatment of bacterial conjunctivitis is topical antibiotic therapy: Sodium sulfacetamide, gentamicin, tobramycin, neomycin, trimethoprim and polymyxin B combination, ciprofloxacin, ofloxacin, gatifloxacin, and erythromycin

Systemic antibiotics are indicated for N gonorrhea infant (penicillin G), mother and high risk contacts (ceftriaxone) and chlamydial infections: infant (erythromycin) mother and at-risk contacts (doxycycline).

37. Patient with hypertensive retinopathy grade 2 AV nicking, normal BP, no decrease in vision, with cupping of optic disc, what will do to the patient:

Reassurance , the problem is benign

Convert him to ophthalmologist

Laser Operation

38. A 30 years old male present to E.R. complaining of visual deterioration for 3 days of Rt. Eye followed by light perception, the least cause is:

Retinal detachment.

Central retinal arterial embolism.

Vitreous hemorrhage.

Retro-orbitalneuritis.

Retinitis pigmentation.

39. Anterior uveitis is a character of the following except:

RA

Sarcoidosis

Behcet disease.

Riter'ssyndrome.

Ankylosingspondolitis.

☐ **Causes of Iritis (anterior uveitis):** "idiopathic, seronegative spondyioarthropathies (e.g. Riter's syndrome, Ankylosing spondolitis), IBD, diabetes mellitus, granulomatous disease(e.g. Sarcoidosis), infection(e.g.gonococal, syphilis, toxoplasmosis, brucellosis, T.B.), Behcet disease. Eye involvement of R.A. episcleritis, scleritis, keratoconjunctivitis"

40. Patient with open angle glaucoma and known case of COPD and DM, what is the treatment? a)

Timelol

Betaxolol

Acetazolamid

41. Patient with bilateral eye discharge, watery, red eyes, corneal ulceration what is the most common cause? a)

Dust & pollen

Hypertension

Ultra-violet light & stress

42. 70 years old female says that she play puzzle but for a short period she can't play because as she develop headache when playing what you will exam for?

Astigmatism

Glaucoma

43. 54 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day , your recommendation :

Advise him to exercise

Stop smoking

Wear sunscreen

44. Patient is wearing contact lenses for vision correction since ten years , now coming complaining of excessive tearing when exposed to bright light , what will be your advice to him : a) Wear hat

Wear sunglasses

Remove the lenses at night

Saline eye drops 4 times / day

45. Patient complains of dry eyes, a moisturizing eye drops were prescribed to him 4 times daily. What is the most appropriate method of application of these eye drops?

1 drop in the lower fornix

2 drops in the lower fornix

1 drop in the upper fornix

46. 17 years old school boy was playing foot ball and he was kicked in his Right eye... Few hours later he started to complain of double vision & ecchymoses around the eye, what is the most likely diagnosis? a)

Cellulitis

Orbital bone fracture

Global eye ball rupture

Subconjunctival hemorrhage

Diabetic patient have neovascularization and vitreous hemorrhage , next step : a)

Refer to ophthalmologist

35 years old female patient complaining of acute inflammation and pain in her Left eye since 2 days, she gave history of visual blurring and use of contact lens as well, On examination: fluorescence stain shows dendritic ulcer at the center of the cornea, what is the most likely diagnosis? a) Corneal abrasion

Herpetic central ulcer

Central lens stress ulcer

Acute Episcleritis

Acute angle closure glaucoma

49. Patient present with corneal abrasion Treatment:

Cover the eye with a dressing

Antibiotic ointment put it in the home without covering the eye

50. Patient with subconjunctival hemorrhage. What you will do for him?

a) Reassurance

b) Send him to the ophthalmologist

51. Patient with recent history of URTI ,develop sever conjunctivitis Injection with redness, tearing ,photophobia , So, what is treatment?

Topical antibiotic

Topical acyclovir

Oral acyclovir

Topical steroid

52. Patient presented with constricted pupil, ciliary flushing and cloudy anterior Chamber .there is no abnormality In eye lid, vision and lacrimal duct: a) Uveitis

Central vein thrombosis

Central artery embolism

Acute angle closure glaucoma

53. Newborn with eye infection :

Oral antibiotic

Oral steroid

Topical antibiotic

54. Man who bought a cat and now developed watery discharge from his eyes he is having: a)

Allergic conjunctivitis

Atopic dermatitis

Cat scratch disease

55. How to differentiate between Uveitis and Keratitis in red eye

Redness of the eye

Blurred vision

Photophobia

Dark, floating spots along the visual field in Uveitis, Ciliary vessel dilatation e) Eye pain

By covering test done to child the other eye turn laterally, diagnosis is a)

Exotropia strabismus

Hypertensive came to ophthalmology doctor by exam show increase cup when asking the patient he did not complain of anything. What is the diagnosis?

Hypertensive retinopathy

Diabetic neuropathy

Acute open angle glaucoma
Acute closed angle glaucoma
Retinal detachment

58. Long use of topical corticosteroid lead to:

Rise intra ocular pressure

Cataract

Ptosis

Keratoconus

59. Female patient wear glass since 10 years , she diagnosed recently type 2 DM , she should screen or examine her eyes every:

6 months

12 months

2 years

5 years

60. Patient came to you after Trauma complaining of loss of the abduction of his (left or right) eye. So which cranial nerve affected?

III

IV

V

VI

61. Child came to ophthalmology clinic did cover test, during eye cover , his left eye move spontaneously to left, the most complication is:

Strabismus

Glaucoma

Myobloma

62. 45 years old male presented to the ER with sudden headache, blurring of vision, excruciating eye pain and frequent vomiting:

Acute glaucoma

Acute conjunctivitis

Acute iritis

Episcleritis

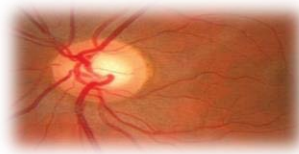
Corneal ulceration

☐ These are typical features of closed angle glaucoma which presents acutely with red painful eye, nausea and vomiting, halos around light, hazy cornea, mid dilated non-reactive pupil and extremely high intraocular pressure. Closed angle glaucoma represents 5% of glaucoma. The rest is open angle glaucoma which presents insidiously with bilateral (the previous was unilateral), progressive loss of peripheral visual field. Iritis= anterior uveitis presents with photophobia and ciliary flush (redness around the iris see Toronto notes). Corneal ulcer presents with photophobia, foreign body sensation and decreased visual acuity (if central). Episcleritis is asymptomatic may present with mild pain and red eye. Causes a sectoral or diffuse

injection of vessels which is radially directed. Conjunctivitis presents with red itchy eye, foreign body sensation, discharge and crusting of eyelashes in the morning.

63. Picture (fundus of eye) " glaucoma"

a) Increase Cup to disc ratio more than ½



64. Boy 3 day after flue symptom develop

L.N enlarged so diagnosis is a)

Streptococcus

HSV

conjunctivitis with occipital and nuchal

Adenoviruses

65. Diabetic patient want your advice to decrease the risk of developing Diabetic retinopathy? a)

Decrease HTN and Obesity

Decrease HTN and smoking

Decrease Smoking and Obesity

66. Patient came to you complaining of gradual loss of vision & now he can only identify light. which of the following is the LEAST cause of his problem:

Retinal detachment

Central retinal artery

Retinitis pigmentosa

Retrobulbar neuritis

67. What is the management of Uveitis?

a) Topical or oral steroid

68. All the following may cause sudden unilateral blindness EXCEPT:

Retinitis pigmentosa.

Retrobulbar neuritis.

Retinal detachment.

Vitreous hemorrhage.

Central retinal artery embolism.

☐ Retinitis pigmentosa. It causes gradual night blindness

69. Patient has painful red left eye associated with photophobia , what is the DX a)

Glaucoma

Uveitis

Other

70. Retinal detachment, all true except:

a) More common in hypermetropic patient than myopic

This is a condition in which there is separation of the two retinal layers, the retina proper and the pigmented epithelium by the subretinal fluid.

Causes are: Vitreous hemorrhage, toxemia of pregnancy that results in accumulation of exudates in the subretinal space, weakness of the retina such as lattice degeneration that increases the probability of a tear forming, highly myopic people, those who had undergone cataract surgery, detached retina in the fellow eye and recent severe eye trauma.

71. TB patient suffer from painful red eye photobi

Glucoma

Uvitis

Bacterial conjctivitis

Viral conjuctivites

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72. Acute glaucoma, all are true EXCEPT:

Refer to ophthalmologist.

Give miotic before referral

Can present with headache.

Can present with abdominal pain.

Pupil size in acute glaucoma is larger than normal.

Acute closure angleglaucoma

Initial Rx is aimed primarily at lowering IOP through systemic medication. This is b/c, when the IOP is more than 50, the iris sphincter is usually ischemic & paralysed, so that, intensive miotic therapy is seldom effective in pulling the peripheral iris away from the angle. ☐ It can present with eye pain, headache, nausea & vomiting.

In acute glaucoma, the pupil is mid-dilated.

73. All are true about congenital squint except:

a) **There is no difference of the angle of deviation of squint eye between far& near vision.** b)

Asymmetry of corneal light reflex

Squint → strabismus

Strabismus is a condition one eye deviates away from the fixation point .under normal condition both the eyes are in proper alignment. The presence of epicanthus and high errors of refraction stimulate squint and this is called apparent squint but in fact there is no squint.

In a non paralytic squint the movements of both eyes are full but only one eye is directed towards the fixated target, the angle of deviation is constant and unrelated to direction of gaze . Paralytic squint there is underaction of one or more of the eye muscles due to nerve palsy, extraocular muscles that tether of the globe.

74. Regarding Sty infection of the lower eyelid, all true except:-

Is infection of gland in the lower eye lid

Can be treated by topical antibiotics

Can be treated by systemic antibiotics

Needs ophthalmology referral “ *though sometimes referral is needed, but it is never the first option*”

A hordeolum (ie, sty) is a localized infection or inflammation of the eyelid margin involving hair follicles of the eyelashes (ie, external hordeolum) or meibomian glands (ie, internal hordeolum).

A chalazion is a painless granuloma of the meibomian glands.

Management

Warm soaks (qid for 15 min)

Drainage of a hordeolum

Antibiotics are indicated only when inflammation has spread beyond the immediate area of the hordeolum. Topical antibiotics may be used for recurrent lesions and for those that are actively draining. Topical antibiotics do not improve the healing of surgically drained lesions. Systemic antibiotics are indicated if signs of bacteremia are present or if the patient has tender preauricular lymph nodes

Surgical If the lesion points at a lash follicle, remove that one eyelash

Consultations: If the patient does not respond to conservative therapy (ie, warm compresses, antibiotics) within 2-3 days, consult with an ophthalmologist. Consultation is recommended prior to drainage of large lesions

75. Which of the following is true regarding red eye:

More redness occur in corioscleral "suggest iritis"

If associated with fixed mid –fixed dilated pupil suggest anterior uveitis

In case of glaucoma treatment is mydratics

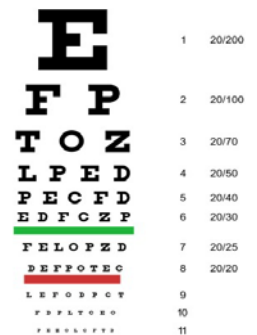
76. Picture of Snellin chart, 70 years old patient can only read to the 3rd line, what is his visual acuity? a) 20\100

20\70

20\50

20\40

☐ Note that the numbers on the side was erased from the chart



This patient see letters at 20 feet , where normal person see it: a) At 70 feet.

24 years old female newly diagnosed type 2 DM, she is wearing glasses for 10 years, how frequent she should follow with ophthalmologist?

Every 5 years

Annually

For type 1 diabetic: retina screening annually beginning 5 years after onset of diabetes, general not before onset of puberty.

For type 2 diabetic : screening at the time of diagnosis then annual

79. Contraindicated in acute glaucoma management:

Pilocarpine

Timolol

80. Flu like symptoms since two days and now has red eye, what is the diagnosis: a) Viral conjunctivitis

Bacterial conjunctivitis

Uveitis

81. The most dangerous red eye that need urgent referral to ophthalmologist a) Associated with itching
Presence of mucopurulent discharge
Bilateral
Associated with photophobia

82. Patient with pterygium in one eye, the other eye is normal, what's correct to tell: a)
It's due to vitaminosis A.
It may affect vision
It's a part of a systemic disease.

Patient presented with eye pain and watery discharge. A fly hit his eye but it was removed. You will give: a)
Topical antibiotic

Old male presented with cough and SOB. He was treated for a long time for glaucoma. The most likely cause of his respiratory symptoms:
Timolol.
Propranolol.
Betaxolol.
Pilocarpin.

85. Patient with acute headache, blurred vision, and red eye. What's the cause? a)
Acute conjunctivitis
Acute angle closure glaucoma
Cataract

86. Patient with decreased vision, also peripheral vision decreased, using tonometer pressure in right eye 24 mm and left eye 22 m. What is the mechanism:
Obstruction in trabecular meshwork & ciliary muscle leads to pupillary blockage & drainage of aqueous humor
Obstruction at ciliary muscle leads to blockage in drainage of Aqueous Humor.

☐ In cases where POAG is associated with increased IOP, the cause for the elevated IOP generally is accepted to be decreased facility of aqueous outflow through the trabecular meshwork. Occurrence of this increase in resistance to flow has been suggested by multiple theories

87. Patient complains of discomfort in the eye. There is no discharge. O/E with dye, a dendritic shaped ulcer is seen on the surface of the cornea. What is the diagnosis: a) Keratitis
b) Uveitis

☐ Corneal ulcer, or ulcerative keratitis, or eyesore is an inflammatory or more seriously, infective condition of the cornea involving disruption of its epithelial layer with involvement of the corneal stroma.

88. A patient complains of 2 days history of stuck together lashes on waking up. There is muco- purulent discharge. Anterior Chamber, uvea and iris are clear. What is the diagnosis? a) Bacterial Infection

Viral Infection

Allergy

Bacterial conjunctivitis is usually a benign self-limiting illness, although it can sometimes be serious or signify a severe underlying systemic disease. Occasionally, significant ocular and systemic morbidity may result.

This is one of the most common ocular problems seen in the community.

In adults, bacterial conjunctivitis is less common than viral conjunctivitis; although estimates vary widely, it is thought to account for no more than half of all cases of acute infective conjunctivitis. It is most commonly caused by Staphylococcus spp., Streptococcus pneumoniae, Haemophilus influenzae, and Moraxella catarrhalis.

In children, bacterial conjunctivitis is more common than viral and is mainly caused by H. influenzae, S. pneumoniae and M. catarrhalis

89. Old diabetic man with sudden unilateral visual loss. There is multiple pigmentation in retina with macular edema. Dx

retinal detachment

Retinal artery occlusion

Retinal vein thrombosis

Diabetic retinopathy

90. Difference between uveitis and keratitis :

Decrease visual acuity

Photophobia

Periorbital edema in keratitis

Corneal flush

91. Very long scenario of old age pt with DM, HTN, hx of multiple cardiac attack, CVA, came for routine check up in PHC, u found bilateral opacification in both lenses, with decreasing of visual acuity, u will: a)

Refer to laser therapist

Refer to cataract surgeon

Refer to ophthalmologist

Follow up

92. Patient on glaucoma medication for weeks came with SOB, cough the cause a)

Timolol

betaxolol

pilocarpine

93. Patient came with history of sudden eye pain, burning vision, photophobia and by examination there is small pupil & keratic cells on cornea and cells in humor

a) Cyclosporine & corticosteroid

94. Patient with bilateral eye redness. Discharge and tearing on examination cornea, lens all normal. There is conjunctival follicle DX

a) Acute conjunctivitis

95. Pt came with eye pain, watery discharge and light sensitivity, eye examination showed corneal ulceration. Her symptoms are frequently repeated. Which of the following is triggering for recurrence of her symptoms:

Dusts

Hypertension and hyperglycemia

Dark and driving at night

Ultraviolet light and stress

96. The most dangerous red eye that need urgent referral to ophthalmologist: a)

associated with itching

presence of mucopurulent discharge

bilateral

associated with photophobia

97. Neonate with mucopurulent eye discharge lid swelling and culture positive for gm –ve diplococci, treatment (neonatal gonococcal conjunctivitis)

intravenous cephalosporin

topical sulfonide

oral fluoroquinolone

IM aminoglycoside

98. Patient with red eyes for one day with watery discharge, No itching or pain or trauma (nothing indicate allergy or bacterial infection) there is conjunctival injection, visual acuity 20/20, what is next management?

Antihistamines

topical AB

No further management is needed

refer to ophthalmologist

topical steroids

☐ if allergic rhinitis :topical steroid, second line:antihistamine

99. Clear scenario of keratitis. On examination there is dendritic ulcer:

a) Herpes simplex keratitis

100. Patient with hx of erythema and vesicle in the forehead but not affect the vision what is the best management

oral acyclovir and F/U

oral acyclovir and ophthalmologist referral

101. Cover one eye on other go laterally?

Strabismus

Ambyopia

3rd nerve palsy

Child with proptosis , red eye , restrict eye movement , normal examination

a) Orbital cellulitis

24 years old female with new Dx of DM2, she weared glasses for 10 years, you will advice her to follow ophthalmic clinic every

6 months

12 months

5 years

10 years

104. 4 years old in his normal state of health presented with decrease visual acuity bilaterally without any defect in visual field his VA Rt eye= 20/100 VA Lt eye=20/160 fundoscopic exam showed early signs of cataract and drusen with irregular pigmentations. No macular edema or neovascularization. The appropriate action beside antioxidants and Zn is:

Refer the pt for emergency laser therapy

Refere the pt for cataract surgery

See the patient next month

No need to do anything

105. Farmer with allergic conjunctivitis in spring and he can't avoid working what to advice to do at night a)

Cold eye compression sure

b) other not include antihistamine

106. Patient with DM and HTN, gradually decreasing vision. Eye exam shows maculopathy, Treatment: a)

Panretinal photocoagulation

b) Photocoagulation of macular area

107. What could cause painful vision loss:

Acute close angle glaucoma

Retinal detachment

Retinal vein occlusion

Retinal artery occlusion

108. Patient has complete ptosis in hih right eye. Pupil is out and down, fixed dilated. Restricted ocular movements. dx

3rd cranial nerve palsy.

4th cranial nerve palsy.

3rd and 4th.

6th cranial nerve palsy

109. 13 years old otherwise healthy has bought a cat , now he has congested eyes and nose with stingy discharge with no enlagred lymphnodes :

allergic conjunctivitis

keratoconjunctivitis sicca this is dry EYE disease

Cat scratch disease it has to have swollen lymphnode

110. Pic of Snellen's Chart : a person should stand at a distance of : a)
6 meters.

Orthopedic



1. Patient with metatarsal fracture, X- ray not show exact fracture, next investigation: a)

US

CT

MRI

2. 20 years old man sustained a deep laceration on the anterior surface of the wrist. Median nerve injury would result in:

Claw hand defect

wrist drop

Sensory deficit only.

Inability to oppose the thumb to other fingers

The inability to flex the metacarpophalangeal joints.

3. All of the following muscles are part of rotator cuff, except:

Supra-spinatus.

Infra-spinatus.

Deltoid

Subscapularis.

Teres minor.

4. Boy after running for hours, has pain in knee and mass on upper surface of tibia a)

Osgood schlatter disease

Iliotibial band **Osgood–Schlatter disease** or syndrome (tibial tubercle apophyseal traction injury and epiphysitis of the tibular tubercle) is an irritation of the patellar ligament at the tibial tuberosity.

It is **characterized** by painful lumps just below the knee and is most often seen in young adolescents.

Risk factors include excess weight and overzealous conditioning (running and jumping).

Diagnosis is made clinically

Treatment is conservative with RICE (**R**est, **I**ce, **C**ompression, and **E**levation), and if required acetaminophen

5. Patient with scoliosis, you need to refer him to the orthopaedic when the degree is: a)

5

10

15

20

6. Patient complaining of pain at night when he elevated his arm, tingling on lateral arm side and lateral three fingers, what is the diagnosis?

Brachial plexus neuropathy

Shoulder impingement syndrome

Brachial artery thrombophlebitis

Thoracic outlet problem

- ☐ Brachial plexus neuropathy is characterized by acute onset of intense pain in the shoulder or arm followed shortly by focal muscle weakness.

7. Mid clavicle fracture :

Surgery is always indicated if fracture is displaced

Figure-8-dressing has better outcomes than simple sling

Figure-8-dressing is strongly indicated in patient with un-union risk

Both figure-8 and simple sling has similar outcomes

- ☐ Simple sling has been to give the same result as a figure-8 (more comfort and fewer skin problems).

8. Young adult presented with pain on lateral elbow, tingling of lateral arm, he plays Squash: a)

Carbel tunnel

b) **Tennis elbow**

Lateral epicondylitis (inflammation of common extensor tendon) also known as (tennis elbow, shooter's elbow and archer's elbow) is a condition where the outer part of the elbow becomes sore and tender. It is commonly associated with playing tennis and racquet sports

Medial epicondylitis (inflammation of common flexor elbow) also know (golfer elbow)

9. Patient complaining of pain along median nerve distribution and positive tinel sign treatment include casting of both hand in what position

Dorsiflexion

plantar flexion

Extension

Adduction

Abduction

10. Young female with pain in her elbow (lateral epichondylitis) best treatment is

Treatment of lateral epichondylitis:

1st line : NSAID + rest + ice

2nd line : corticosteroid injection

3rd line : surgery → percutaneous release of common tendon

11. Old man with bilateral knee pain and tenderness that increase with walking and relieved by rest a)

RA

b) **OA**

OA: pain with activity and weight bearing and improve with rest .

RA: morning stiffness > 1 hour. Painful and warm swelling of multiple symmetric joint.

12. The useful exercise for osteoarthritis in old age to maintain muscle and bone Low resistance and high repetition weight training:

Conditioning and low repetition weight training

Walking and weight exercise

13. Old patient c/o bilateral knee pain with mild joint enlargement ESR and CRP normal dx:

a) **Osteoarthritis**

Rheumatoid arthritis

Gout

14. Old lady came to clinic as routine visit , she mention decrease intake of Ca food , doctor suspect osteoporosis , next initial investigation :

DEXA

Ca in serum

Thyroid function test

Vitamin D

15. Old male c/o knee pain on walking with crepitus x-ray show narrow joint space and subchondral sclerosis:

Rheumatoid arthritis

Osteoarthritis

Gout

16. Diet supplement for osteoarthritis

a) **Ginger**

17. Child with back pain that wake pt from sleep , So diagnosis

Lumber kyphosis

Osteoarthritis

RA

Scoliosis

18. 5 years old complaining of limping in CT there is a vascular necrosis, treatment is: a)

Surgery total hip replacement

Splint

Physiotherapy

19. Adult with osteoporosis, what is the treatment?

a) **Ca & folic acid**

20. Patient with congenital hip dislocation:

a) **Abducting at flexed hip can causes click or tali**

21. Boutonnière deformity of finger is:

Flexion of proximal interphalangeal joint & hyper extension of distal interphalangeal joint

Flexion of proximal interphalangeal joint & extension of distal interphalangeal joint.

22. Old age with painful hip, increased with walking & associated with morning stiffness, dx: a)

Osteoporosis.

Osteoarthritis

RA

23. Old age with...., & spine x-ray showed ankylosing spondylopathy, what is the management? a)

Injection of subdural steroid.

Back splint.

Physiotherapy

24. Fracture of hummers associated with

a) **Radial nerve injury**

25. Pseud-gout is :

CACO3

CACL3

26. Old male complaining of right hip pain on walking the pain increased at the end of day when he wake up in morning he complaining of joint pain and stiffness

Osteoarthritis

Ostiomyelitis

Osteoprosis

27. The most common fracture in osteoporosis :

Colles fracture (if prior 75 y)

Fracture neck of femur

Shaft of femur

Hip fracture (if over 75y)

28. 50 years old male with numbness in the little finger and he has degenerative cervicitis with restriction in the neck movement, also there is numbness in the ring finger and atrophy of the thenar muscle + compression in the elbow, what you'll do?
- Surgical decompression
- CAT scan for cervical spine
29. Which of the following is a disease improving drug for RA:
- NSAID
- Hydroxychloroquine
30. Treatment of open tibial fracture:
- Cephazolin
- Cephazolin+gentamicin
- Gentamicin
- Cephazolin, gentamicin and metronidazole
31. A football player presented with knee pain after a hit on the lateral side of his knee on exam. Increased laxity on valgus stress negative lachman & mcmurry's test, what is the most likely diagnosis? a)
- Lateral collateral lig tear
- Medial collateral ligament tear
- ACL tear
- PCL
32. Most common site of non traumatic fracture in osteoporotic pt. is: a)
- Head of femur
- Neck of femur
- Vertebra
- Tibia
33. 2 years old child fell down over his toy, as a result of that his leg was under the toy, in the next day he refused to walk what is your diagnosis?
- Spiral Fracture of the right Femur
- Spiral Fracture of the right tibia
- Cheeps Fracture of the right proximal tibia
- Swelling of the soft tissue of the right leg
- Ankle
34. 50 years old male work as a constructor, 1 week ago when he started using a hammer he develop pain on the lateral side of the elbow what is your diagnosis?
- Osteoarthritis
- Rheumatoid arthritis
- Ulnar nerve compression
- Lateral epicondylitis
35. Middle age male fell down on his elbow and develop pain which is the early manifestation (I can not remember) but: The fat pad sign is a sign that is sometimes seen on lateral radiographs of

the elbow following trauma. Elevation of the anterior and posterior fat pads of the elbow joint suggests the presence of an occult fracture.

Anterior Pad sign

Posterior Pad sign

36. Child came with or Toeing-In , set in W shape , when walk both feet and knee inward with 20 degree , both femur inward rotation 70 degree , what the diagnosis?

Metatarsus adductus

Femoral anteversion (femoral torsion)

411

37. Olecranon Bursitis of the elbow joint caused by:

Repeated elbow trauma

Autoimmune disease

Staph. Aureus

rupture of bursa

38. Mother complains of sharp pain on radial styloid when carrying her baby. The pain increase with extension of the thumb against resistance, Finkelstein test was positive, Dx : a) Osteoarthritis of radial styloid

b) **De Quervain Tenosynovitis**

☐ Finkelstein's test is used to diagnose DeQuervain's tenosynovitis, Radial styloid tenosynovitis, in people who have wrist pain treatment is Injection of corticosteroid and an anesthetic provides relief in more difficult cases. If conservative measures fail, surgery may be necessary to decrease pressure over the tendon (tenosynovectomy) or NSIAD

Phalen's maneuver is more sensitive than Tinel's sign for carpal tunnel syndrome

39. 4 years old baby fell down his mother pulled him by his arm & since then he kept his arm in pronation position what is your management:

Splint

Do x-ray for the arm before any intervention

Orthopedic surgery

40. Polyarthralgia rheumatica. What is the thing that suggest it rather than ☐ ESR & C-reactive protein

a) proximal muscle weakness

b) **proximal muscle tenderness**

41. 17 years old football player gave history of left knee giving off, the most likely diagnosis is : a)

Lateral Meniscal injury

Medial meniscal injury

Lateral collateral ligament

Medial collateral ligament

Anterior Cruciate ligament

42. 10 years old boy presented to clinic with 3 weeks history of limping that worsen in the morning, this suggests which of the following :

411

Septic arthritis
Leg calve parthes disease
RA
Tumor
Slipped capital femoral epiphysis

43. 17 year old male while play football felt on his knee “tern over “ what do think the injury happened a)

Medial meniscus ligament

Lateral meniscus ligament
Medial collateral ligament
Lateral collateral ligament
Anterior Cruciate ligament

44. A patient had hairline metatarsal fracture. The x-ray was normal. What is the 2nd line a)

CT scan

MRI

US

44. 30 years old male with history of pain & swelling of the right Knee , synovial fluid aspiration showed yellow colour, opaque appearance, variable viscosity, WBC 150000, 80% poor mucin clot ,, Dx is: a)

Goutism Arthritis

Meniscal tear

RA

Septic Arthritis

Pseudogout arthritis

45. 25 year old male presented with single fracture in the shaft of the femurs. Treatment is: a)

Open retrograde intramedullary nail

Closed antegrade intramedullary nail

Internal fixation

Apply cast

Skeletal traction

45. 70 year-old man fell on outstretched hand. On examination intact both radial and ulnar pulses, dinner fork deformity. Tender radial head. The diagnosis is:

Fracture of distal ulna & displacement of radial head

Fracture of shaft of radius with displacement of head of ulna

Colle's fracture

Fracture of scaphoid

46. The commonest nerve injury associated with humours fracture is: a)

Radial nerve

Ulnar

Musculocutaneous

Axillary

Median

47. Baby present with unilateral deformity in the foot appear when it is become the weight bearing is in the other foot but when it is the weight bearing the deformity disappear ,the patient has defect in dorsiflexion of that foot, I think they are taking about (club foot) treatment : a) Orthopedic correction

Shoe....

Surgery

48. Case scenario patient present with carpal tunnel syndrome, Treatment: a)

Corticosteroid injection

Splint the wrist in a neutral position at night and during the day if possible.

Administer NSAIDs.

Conservative treatment can include corticosteroid injection of the carpal canal.

They didn't mention a surgery in the MCQ

49. Shoulder pain most commonly due to

Infraspinatus muscle injury

Referred pain due to cardiac ischemia

In acute cholecystitis

Rotator cuff

☐The Most Common Cause of shoulder joint pain is rotator cuff tendonitis **because of overuse of the shoulder.**

50. Mother come to you complaining of that her child not use his right arm to take things from her and he keeps his arm in pronation position and fistet , How you will solve this orthopedic problem :

Orthopedic referral for possible surgical correction

Rapid supination of forearm

51. Patient come to you with pain in posterior of neck and occipital area , no affection of vision , by cervical x ray there were decrease of joint space : what is your diagnosis :

a) **cervical spondylosis**

Cervical spondylosis is a common degenerative condition of the cervical spine. It is most likely caused by age-related changes in the intervertebral disks.

If compression of a nerve roots emerging from the spinal cord may result in radiculopathy (sensory and motor disturbances, such as severe pain in the neck, shoulder, arm, back, and/or leg, accompanied by muscle weakness).

If less commonly, direct pressure on the spinal cord (typically in the cervical spine) may result in myelopathy, characterized by global weakness, gait dysfunction, loss of balance, and loss of bowel and/or bladder control.

Treatment: usually conservative in nature : NSAIDs , physical modalities, and lifestyle modifications

52. Lady, computer programmer developed bilateral tingling sensation of hands, +ve tincl test, mx include splintage of both hands in which position

Plantoflexion.

Dorsiflexion

Extension

Abduction.

53. Patient with congenital hip dislocation

a) abducting at flexed hip can causes click or tali

Barlow's maneuver: Pressure is placed on the inner aspect of the abducted thigh, and the hip is then adducted, leading to an audible "clunk" as the femoral head dislocates posteriorly.

Ortolani's maneuver: The thighs are gently abducted from the midline with anterior pressure on the greater trochanter. A soft click signifies reduction of the femoral head into the acetabulum.

Allis' (Galeazzi's) sign: The knees are at unequal heights when the hips and knees are flexed (the dislocated side is lower).

Asymmetric skin folds and limited abduction of the affected hip are also

54. Radiological finding in lateral view for elbow dislocation :

a) Posterior fat pad sign

55. 33 years old Saudi male complaining from lower back pain and considerable morning stiffness. X-ray showed sclerosis joint. Other criterion of this disease are all the following except: a) Common in male.

Negative RF

No subcutaneous nodules.

Aortic complications.

56. About Clavicular fracture in new-born what is true?

Most cases develop brachial plexus injury

Figure-8-dressing is needed

Internal fixation is needed

Most will healed spontaneously

57. Graph showing risk of osteoporotic patient with aging

The elderly people get higher risk than young(something like that I don't remember)

10 % of 70 year old people will develop osteop.

58. 18 years old boy with back pain investigation to do except :

a) CBC

ESR

X-ray

Bone scan

59. Old patient complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray best effective ttt

Physiotherapy

NSAID
Surgery

60. Female, right hand lateral two radial styloid processes pain, since month increase progressively, CS, positive Finkelstein test, what is the initial treatment?

Nerve decompression

Cast upper joint

Cast with thumb raised

☐ Initial treatment for DeQuervain's syndrome is nonoperative: first thumb-spica splint, NSAIDs may also be of value, corticosteroid injection into the first dorsal compartment may provide sustained relief.

61. 70 years old male with osteoporosis the T score of bone densitometry would be : a)

-3.5

-2.5

1

2

3.5

Above -1: **normal**

Between -1 and -2.5 : **osteopenia**

Below -2.5: **osteoporosis**

62. In knee examination : +ve lechman test indicate injury :

a) **Anterior cruciate ligament**

63. Cole's fracture:

Distal end of the radius.

Scaphoid fracture

Around the elbow.

Head of the radius.

64. A child fell on an out-stretched hand and flexed elbow, exam showed swelling around the elbow with no radial pulse, best management:

Closed reduction

Closed reduction then check for radial pulse. **Open reduction.**

Cuff and collar for 3weeks.

☐ Because of the vessel involvement the best way of treatment is by open repair.

65. Flexion, adduction, and internal rotation is:

Anterior hip dislocation.

Posterior hip dislocation.

☐ Represents 90% of dislocation. Anterior hip dislocation classically extended, externally rotated hip.

66. Old lady with osteoporosis asked for treatment for prevention:

- a) D
- E
- Retinoic Acid

Young male with morning stiffness at back relieved with activity and uveitis: a)

Ankylosing Spondylitis

Young female with pain in her elbow (lateral epicondylitis) best treatment is :

- a) Rest + physical therapy + NSAID

69. Female presented with complaint of neck pain and occipital headache, no other symptoms, on X-ray has cervical spine osteophytes and narrow disks :

- a) cervical spondylosis

70. Bursitis of the elbow joint caused by:

Elbow trauma

- Autoimmune disease
- Staph. Aureus
- rupture of bursa

71. 48 year-old male complaining of lower back pain with morning stiffness for 30 minutes only. On exam he was having spasm centrally on the lower back. What is the appropriate management : a) Epidural steroids injection

- Back brace
- Facet lysis

Physiotherapy

72. Old patient had history of gout and drinking alcohol heavily came with bone pain, on examination generalized bone tenderness and proximal muscle weakness, x ray of long bone showsi can't remember...ix shows high ca and ph..ur dx

Osteomalacia CA low, ph low, alp high

Mets from prostatic cancer

Osteoarthritis

Paget dis ca normal, ph normal, alp high

73. RTA with hip dislocation and shock so causes of shock is

blood loss

- orthopedic injury
- neurogenic

74. Patient with DM presented with limited or decreased range of movement passive and active of all directions of shoulder

Frozen shoulder

Impingement syndrome
Osteoarthritis

75. Pseudogout is Ca:

Pyrophosphate

Sulfate

Urate

76. An elderly female presented with history of bilateral hand stiffness that is worse in the morning. On examination she had bony swellings in the distal interphalangeal joints. These swellings are: a)

Heberden nodule

Buchard's nodule

Synovial thickening

Synovial cysts

77. Female patient has morning stiffness and pain involving the metacarpophalangeal and proximal interphalangeal joints. What's the likely diagnosis?

a) Rheumatoid arthritis

78. 74 years old female complaining of pain and stiffness in the hip and shoulder girdle muscles. She is also experiencing low grade fever and has depression. On examination no muscle weakness detected (Polymyalgia rheumatic). Investigation of choice:

RF

Muscle CK

ESR

79. Supra-condylar fracture patient presented with swelling and cyanosis of finger after plaster,

Management a) Removal of splint near finger

b) Entire removal of all splint

80. The most common site for Osteomyelitis is:

Epiphysis

Diaphysis

Metaphysis

Blood flow

81. What is the initial management for a patient newly diagnosed knee osteoarthritis. a)

Intra-articular corticosteroid

Reduce weight

Exercise

Strengthening of quadriceps muscle.

82. Which of the following is true regarding perths disease :

Commonly seen between 11-16 years of age

Always unilateral.

May present by painless limp

Characteristically affect the external rotation of hip
More in female

83. A patient is asked to face the wall, bend his waist, and let his hands hang down without support. This test is used as a screening tool for which of the following?

Lower limb asymmetry
Rectal prolapsed

Scoliosis

☐ This test is called for (Adam's Forward Bend Test)

84. Snuff box.

a) **in scaphoid bone**

85. 5 years girl , the doctor asked her to flex her waist with free hands , this screening for a)

Scoliosis

Nerve compression
Disc prolapsed
Sciatica

86. A patient presents with long time history of knee pain suggestive of osteoarthritis. Now he complains of unilateral lower limb swelling and on examination there is +ve pedal & tibial pitting edema. What is the next appropriate investigation?

CXR
ECG
Echocardiography

Duplex ultrasound of lower limb

☐ Osteoarthritis relief by rest. So, immobility pt. can lead to DVT

87. In lumbar disc prolapse at L4-L5 the patient will have:

Pain at groin & front of thigh
Hypoesthesia around the knee

Weakness of dorsiflexion of foot

Absent ankle reflex
Fasciculation at calf muscle

88. 2 years old baby was brought to the clinic because of inability to walk straight. On examination, there was asymmetry of skin creases in the groin. The Trendelenburg's sign was positive on the left side. Your diagnosis :

Fracture pelvis.

Congenital hip dislocation

Fracture femur on the left side.
Poliomyelitis.
Rickets

89. Fractured pelvis commonly associated with:

Bladder injury

Penile urethra injury

Bulbomembraneus urethra injury

Ureter injury

90. Sickle cell anemia patient presented with unilateral hip pain, most likely diagnosis is: a)

Septic arthritis

b) Avascular Necrosis

91. Avascular necrosis of the head of femur is usually detected clinically by: a)

3 months

6 months

11months

15 months.

92. Man with back pain x ray show fracture at T8, L1 & L2, Bone density T - 1,9 a)

Osteopenia

b) Osteoporosis

93. Which of the following is not true regarding Osteomyelitis:

Puomyositis

Epiphyseal plate destruction

Septic arthritis (it can develop due to osteomyelitis) "not sure" d) Septicemia

e) After bone growth

94. Congenital dislocation of hip; all are true EXCEPT:

More in girls

Best examined after 12-36 hours from birth

There will be limitation in abduction of thigh

Barlow test will give click indicating CDH

Can be treated by splint

95. Acute gait disturbance in children; all are true EXCEPT:

Commonly self limited

The usual presenting symptom is limping

Radiological investigation can be reveal the DX

Most often no cause can be found

96. Concerning green stick fracture in children, all are true EXCEPT

Extremely painful

Most commonly involve the forearm

Function of the limb is preserved

Is incomplete fracture

97. Which of the following increase bone density and muscle strength

Endurance and weight exercise

High repetition

Low repetition

98. Hypertensive patient on Thiazide presented at night with severe left foot pain involving the first toe with redness extending to the mid leg. The Dx:

Cellulitis

Septic arthritis

Gouty arthritis

99. Child fall and had spiral type radial fracture, what is the management? a)

Splinting

Refer to orthopedics

Refer to pediatric

Open reduction with internal fixation

100. Man who is having a severe pain on his big toe with knee pain and examination revealed negative perfringent crystals:

Uric acid deposit secondary to synovial fluid over saturation

Ca pyrophosphate secondary to synovial fluid over saturation

101. Patient with epilepsy came with Left shoulder pain, on examination flattened contour of the shoulder, and fixed adduction with internal rotation, what is the diagnosis? a) Inferior dislocation

Subacromial post Dislocation

Subglenoid ant dislocation

Subclavicle ant dislocation

102. Child with radial head dislocation, what is the next in management?

Reduction and subluxation

x ray

MRI

103. Which of following would decrease the incidence of compression fracture : a)

Vitamin D supplement

104. Fracture of elbow common injury of

humerus fracture

Radial

105. 50 years , back pain , x ray showed lytic lesion :

bone scan

bone marrow biopsy 2-protein electrophoresis of blood and urine > paraprotein

106. Shoulder pain most commonly due to:

Infraspinatus muscle injury

Supraspinatus

Referred pain due to cardiac ischemia

In acute cholecystitis

107. Professional player came with history of trauma on the lateral side of left knee, on examination there is swelling in the medial aspect of left knee, the diagnosis is

Medial collateral ligament spasm

Lateral collateral ligament spasm

Medial meniscus tear

Lateral meniscus tear

108. Old, which fracture caused by trauma on outstretched hand a)

Colles' Fr

109. Regarding Perth's disease

a) May present with a nearly painless limb

110. Lachman's test for which type of ligamentous injury?

a) **ACL**

111. Regarding compression fracture in osteoporotic patients what is true

normal x-ray rules out the diagnosis

serum alkaline phosphatase is normal

Vit d deficiency is the cause

steroid therapy is recommended

112. Which drug can use in acute back pain

Diazepam

Alprostadil

Metoprolol

113. The best way to decrease pain in elderly with bilateral knee pain and crepitation is. a)

NSAID.

Decrease weight

exercise

114. Fracture in the humerus affecting radial nerve lead to

a) **Wrist drop**

Ulnar nerve → claw hand

Median → inability to oppose the thumb to other fingers

Radial nerve → wrist drop

Peroneal nerve → foot drop

Club foot → congenital



Dermatology

1. Patient come with history of tinea capitis treatment :

Tar shampoo

Fluconazole

☐ **Explanation:** oral antifungal is considered to be the treatment of choice for tinea capitis , shampoo is being considered as an adjunct to oral treatment

2. Cold induced Urticaria treatment

a) Antihistamine “if other options not including protection”

☐ **Explanation:** Patients with cold Urticaria should learn to protect themselves from a rapid drop in body temperature. Regular antihistamines are not generally effective. The antihistamine cyproheptadine (Periactin) has been found to be a useful treatment. The tricyclic antidepressant doxepin has also been found to be an effective blocker of histamine release. Finally, a medication called ketotifen, which keeps mast cells from releasing histamine, has also been used with success.

3. Man went on vacation. He noticed a white patch in his chest which became clearer after getting a sun tan which was spread on his chest.what is the diagnosis?

Pytriasis versicolor

Vitilligo

Pytriasisroscea

Explanation: Tineaversicolor (TIN-ee-uh vur-si-KUL-ur), also called pityriasis , is a common fungal infection of the skin. The fungus interferes with the normal pigmentation of the skin, resulting in small, discolored patches.

These patches may be lighter or darker in color than the surrounding skin and most commonly affect the trunk and shoulders. Tineaversicolor occurs most frequently in teens and young adults. Sun exposure may make tineaversicolor more apparent.

4. Male with itching in groin erythematous lesions and some have clear centers, what is diagnosis? a)

Psoriasis

Tineacuris

Erythrasma

☐ **Explanation:** Jock itch (tineacuris) is a fungal infection that affects the skin of genitals, inner thighs and buttocks. Jock itch causes an itchy, red, often ring-shaped rash in these warm, moist areas of body

5. Patient present with mid face pain, erythematous lesions and vesicles on periorbital and forehead, the pain is at nose, nose is erythematous. What is diagnosis? a) Rosella

HSV

Herpes zoster

Explanation: Symptoms typically include prodromal sensory phenomena along 1 or more skin dermatomes lasting 1-10 days (averaging 48 h), which usually are noted as pain or, rarely, paresthesias.

Patchy erythema, occasionally accompanied by induration, appears in the dermatomal area of involvement.

6. Treatment of comedones:

a) Topical retinoid

☐ **Explanation:** Retinoid medications are derivatives of Vitamin A and the treatment of choice for comedonal acne, or whiteheads and blackheads. They work by increasing skin cell turnover promoting the extrusion of the plugged material in the follicle. They also prevent the formation of new comedones. All of the retinoids must be prescribed by a health care provider.

7. Treatment of non inflammatory acne:

a) Retinoic acid

Explanation:

Treatment of comedones: Topical retinoid

Treatment of papules or pustules: Topical benzoyl peroxide plus topical antibiotics, mainly clindamycin or erythromycin.

In severe cases, intralesional steroid injection or oral antibiotics, such as tetracycline or erythromycin may be added.

8. Treatment of papules or pustules:

a) Topical benzoyl peroxide plus topical antibiotics, mainly clindamycin or erythromycin.

Explanation: Antibiotics: Antibiotics can be effective in treating most inflammatory acne (papules and pustules). They work by decreasing inflammation caused by bacteria and other irritating chemicals present in the sebaceous follicle.

Antibiotics may be combined with benzoyl peroxide, which is contained in over-the-counter medications, to form a topical solution that can be obtained with a doctor's prescription.

9. Treatment of acne In severe cases:

a) Steroid injection or oral antibiotics, such as tetracycline or erythromycin may be added.

☐ **Explanation:** Cystic acne, or nodulocystic acne, is the most severe form of acne vulgaris. Deep, inflamed breakouts develop on the face and/or other areas of the body. The blemishes themselves can become large; some may measure up to several centimeters across. Some common treatments for nodulocystic acne include:

Oral antibiotics

Isotretinoin

Oral contraceptives - for women

Surgical excision and drainage - A doctor makes a small incision in the skin and extracts the infected material.

Intralesional corticosteroid injections - Medication is injected directly into the lesion to reduce inflammation and shrink the blemish.

10. Baby with white papules in his face what is your action:

Reassure the mother and it will resolve spontaneously

Give her antibiotic

☐ **Explanation:** Milia are tiny white bumps or small cysts on the skin that are almost always seen in newborn babies. In children, no treatment is needed. Skin changes on the face or cysts in the mouth usually disappear after the first few weeks of life without treatment, and without any lasting effects.

11. Patient around his nose there are pustules, papules and telangiectasia lesions. The diagnosis is: a) Rosacea

☐ **Explanation:** Rosacea is a chronic skin condition that makes your face turn red and may cause swelling and skin sores that look like acne. Symptoms:

- Redness of the face
- Blushing or flushing easily
- A lot of spider-like blood vessels (telangiectasia) of the face
- Red nose (called a bulbous nose)
- Acne-like skin sores that may ooze or crust
- Burning or stinging feeling in the face
- Irritated, bloodshot, watery eyes

12. 15years boy appear patch in right lower leg these patch is clear center red in peripheral, no fever no other complain so diagnosis:

contact dermatitis

Tinea corporis

Lyme disease

☐ **Explanation:** Tinea corporis Symptoms may include itching. The rash begins as a small area of red, raised spots and pimples. The rash slowly becomes ring-shaped, with a red-colored, raised border and a clearer center. The border may look scaly. The rash may occur on the arms, legs, face, or other exposed body areas.

13. Mother brought her baby & was complaining of diaper rash. She used cornstarch, talc powder, zinc ointment & 3 different types of corticosteroids prescribed by different physicians but with no benefit. The rash was well demarcated & scaly with satellite lesions. The most likely diagnosis: a) Candidal rash

Seborrhic dermatitis

Allergic contact dermatitis

☐ **Explanation:** They can commonly occur in body folds (axillae, groin, intergluteal space), genitals (vulva/vagina, penis), lips and oral cavity. Candida lesions are red, tender, itchy and have "satellite" lesions.

14. A female patient presented with wheals over the skin with history of swollen lips. The diagnosis is:

a) **Chronic urticaria with angioedema**

Solar dermatitis

Contact dermatitis

Cholinergic dermatitis

Explanation: Urticarial lesions are polymorphic, round or irregularly shaped pruritic wheals that range in size from a few millimeters to several centimeters

Angioedema, which can occur alone or with urticaria, is characterized by non pitting, non-pruritic, well defined, edematous swelling that involves subcutaneous tissues (e.g., face, hands, buttocks, genitals), abdominal organs, or the upper airway (i.e., larynx).

Chronic urticaria : if more than 6 weeks

Solar urticaria : due to sunlight

Cholinergic urticariae: due to brief increase in body temperature.

Cold urticaria : due to exposure to cold

15. A child presented with honey comb crust lesion. Culture showed staph aureus. The diagnosis is: a)

Impetigo

☐ **Explanation:** Impetigo A single or possibly many blisters filled with pus; easy to pop and -- when broken -- leave a reddish raw-looking base (in infants) Itching blister: Filled with yellow or honey-colored fluid Oozing and crusting over .A culture of the skin or lesion usually grows the bacteria streptococcus or staphylococcus. The culture can help determine if MRSA is the cause, because specific antibiotics are used to treat this infection.

16. On examination of newborn the skin show papules or (pustules) over erythema base:

a) Transient neonatal pustular melanosis

b) **Erythema toxicum neonatorum**

☐ **Explanation:** The main symptom of erythema toxicum neonatorum is a rash of small, yellow-to-white colored papules surrounded by red skin. There may be a few or several papules. They usually appear on the face and middle of the body, but may also be seen on the upper arms and thighs. The rash can change rapidly, appearing and disappearing in different areas over hours to days.

17. Patient presented with a 6 week history of itching & redness all over the body with wheals. Which type of urticaria this pt has:

Chronic urticaria → 6 weeks

Solar urticarial

Allergic urticaria → resolved after 24h or 72h

☐ **Explanation:** Chronic hives, also known as urticaria, are batches of raised, red or white itchy welts (wheals) of various sizes that appear and disappear. While most cases of hives go away within a few weeks or less, for some people they are a long-term problem. Chronic hives are defined as hives that last more than six weeks or hives that go away, but recur frequently.

18. angioedema due to use of :

B blocker

ACEI

19. Which of the following reduces the risk of post-therapeutic neuralgia? a)

Corticosteroid only

Valacyclovir only

Corticosteroid & Valacyclovir

☐ **Explanation:** With postherpetic neuralgia, a complication of herpes zoster, pain may persist well after resolution of the rash and can be highly debilitating. Herpes zoster is usually treated with orally administered acyclovir. Other antiviral medications include famciclovir and valacyclovir. The antiviral medications are most effective when started within 72 hours after the onset of the rash. The addition of an orally administered corticosteroid can provide modest benefits in reducing the pain of herpes zoster and the incidence of postherpetic neuralgia.

20. Patient present with, erythematous lesions and vesicles on periorbital and forehead, the pain is at nose, nose is erythematous. what is diagnosis

Roseola

HSV

Herpes zoster

☐ **Explanation:** Herpes zoster clinical Picture: Grouped clear vesicles on an erythematous base appear which become purulent and rupture later on to form crusted lesions, Herpes zoster lesions are usually localized but generalized eruption may occur with chronic debilitating diseases such as malignant lymphomas.

21. Patient with colored pustules around his mouth, organism show herpes simplex type 1, what is the treatment:

Oral antiviral

IV antiviral

Supportive

☐ **Explanation:** Treatment, Symptoms may go away on their own without treatment in 1 to 2 weeks. health care provider can prescribe medicines to fight the virus. This is called antiviral medicine. It can help reduce pain and make symptoms go away sooner. Medicines used to treat mouth sores include: Acyclovir, Famciclovir & Valacyclovir

22. Treatment of scabies:

a) **Permethrin**

☐ **Explanation:** Permethrin cream and Malathion lotion are the two most widely used treatments for scabies. Permethrin cream is usually recommended as the first treatment. Malathion lotion is used if the permethrin cream proves ineffective. Both medications contain insecticides that kill the scabies mite.

23. Treatment of herpes zoster in ophthalmic division:

Oral acyclovir alone

Acyclovir & Prednisolone

Prednisolone

IV Acyclovir

☐ **Explanation:** Oral acyclovir (5 times/d) has been shown to shorten the duration of signs and symptoms, as well as to reduce the incidence and severity of HZO complications. The use of oral corticosteroids has been shown to reduce the duration of pain during the acute phase of the disease and to increase the rate

of cutaneous healing; Corticosteroids are recommended for HZO only for use in combination with antiviral agents.

24. Male came with vesicle in forehead To prevent post herpetic a)

Oral acyclovir

Steroid

Oral aciclvir and steroid

Varicella vaccine

Explanation: Prevention of Postherpetic Neuralgia: No treatment has been shown to prevent postherpetic neuralgia completely, but some treatments may shorten the duration or lessen the severity of symptoms.

ANTIVIRAL THERAPY: A systematic review¹⁴ of 42 trials evaluating treatment given at the time of acute herpes zoster concluded that there is marginal evidence that seven to 10 days of acyclovir treatment reduces the incidence of pain at one to three months. The most recent meta-analysis¹⁵ of five placebocontrolled trials comparing acyclovir with placebo in the prevention of postherpetic neuralgia reported a number needed to treat (NNT) of 6.3 to reduce the incidence of pain at six months. There is only one trial¹⁰ examining the effect of famciclovir on postherpetic neuralgia; it concluded that seven days of famciclovir had no effect on the overall incidence of postherpetic neuralgia but did reduce its duration. To prevent pain at six months, the NNT was 11.10 another trial⁷ comparing seven days of valacyclovir with famciclovir showed equivalence in reducing the duration of postherpetic neuralgia.

STEROID THERAPY: Two double-blind, randomized, controlled trials^{12,13} concluded that corticosteroids given for 21 days did not prevent postherpetic neuralgia.

TRICYCLIC ANTIDEPRESSANTS: One randomized trial¹⁶ of patients older than 60 years who were diagnosed with herpes zoster compared 25 mg of amitriptyline (Elavil) initiated within 48 hours of the rash onset and continued for 90 days with placebo. The amitriptyline group showed a 50 percent decrease in pain prevalence at six months with an NNT of 5.

25. Patient has 2 cm dome shaped mass in the dorsum of his hand. It's covered by keratin. What's the most likely diagnosis:

Basal cell carcinoma

Malignant melanoma

keratoacanthoma

☐ **Explanation:** The classical keratoacanthoma has a raised margin and a central keratin-filled crater (so do some squamous cell carcinomas). Keratoacanthomas appear clinically as flesh-colored, dome-shaped nodules with a central, keratin-filled plug, making it look very crater-like. Lesions range in size from 1 cm to several centimeters across and have a higher distribution in facial skin including the cheeks, nose, and ears and the dorsa of the hands.

26. Child have fever& malaise then develop rash with is papule become vesicular and crusted? a)

Varicella zoster

☐ **Explanation:** Initial symptoms include sudden onset of slight fever and feeling tired and weak. These are soon followed by an itchy blister-like rash. The blisters eventually dry, crust over and form scabs. The blisters tend to be more common on covered than on exposed parts of the body.

27. Male patient has hair loss started as fronto-temporal and moving toward the vertex (top of the head) the diagnosis is:

Androgenic alopecia

TineaCapitis

☐ **Explanation:** It is localised on the top of the hair, most of the time & sometimes the temporal lobes and the sides). In its most common form, androgenetic hair loss starts with an enlargement of the middle parting and the hair thinning out. The top of the head then gradually lights up, as part of a process that is irreversible if the person is not treated

28. Patient has hemorrhagic lesion in the mouth and papules in the face and back. He had SOB, fever, cough and mediastinal mass, what's the diagnosis?

a) Kaposi sarcoma

☐ **Explanation:** The tumors most often appear as bluish-red or purple bumps on the skin. They are reddishpurple because they are rich in blood vessels. The lesions may first appear on the feet or ankles, thighs, arms, hands, face, or any other part of the body. They also can appear on sites inside the body. Other symptoms may include: Bloody sputum & Shortness of breath

29. Rash all over the body except the face after week of unprotected sexual intercourse: a)

Charcoid

b) 2ry syphilis

☐ **Explanation:** Secondary Typical presentation of secondary syphilis with a rash on the palms of the hands Reddish papules and nodules over much of the body due to secondary syphilis .Secondary syphilis occurs approximately four to ten weeks after the primary infection. While secondary disease is known for the many different ways it can manifest, symptoms most commonly involve the skin, mucous membranes, and lymph nodes. There may be a symmetrical, reddish-pink, non-itchy rash on the trunk and extremities, including the palms and soles.

30. Patient complain of of hypopigmentful skin , nerve thickening diagnosis: a)

leprosy

Explanation: Leprosy is a disease that has been known since biblical times.

It causes skin sores, nerve damage, and muscle weakness that gets worse over time.

Symptoms include:

Skin lesions that are lighter than your normal skin color

Lesions have decreased sensation to touch, heat, or pain

Lesions do not heal after several weeks to months

Muscle weakness

Numbness or lack of feeling in the hands, arms, feet, and legs



31. Patient with cystic nodule (acne) and scars, what is the best treatment? a)

Retinoin.

Erythromycin.

Doxycycline

☐ **Explanation:** While topical creams work well for mild-to-moderate forms of acne, nodular acne usually requires more aggressive therapy. Oral antibiotics may be prescribed to fend off bacteria and reduce inflammation. But even antibiotics may not be enough. A treatment regime called isotretinoin, which goes by the brand name of Accutane, is often prescribed for patients with deep nodular acne. While this is a very effective treatment plan, it must be closely monitored by a dermatologist because of the numerous side effects that can present.

32. Acanthosis Nigricans associated with :

a) Polycystic ovary syndrome

☐ **Explanation:** Acanthosis nigricans can be seen with obesity, PCOS, and other disorders associated with insulin resistance, a precursor to diabetes

33. Patient has diarrhea , dermatitis and dementia diagnosis : a)

Pellagra

☐ **Explanation:** Pellagra is a condition of having too little niacin in the body and affects the normal function of the nerves, digestive system, and skin. Pellagra may result in a number of symptoms. The symptoms can vary in intensity from person to person. Common symptoms of pellagra: You may experience pellagra symptoms daily or just once in a while. At times any of these common symptoms can be severe: ➤

Abdominal cramping

Confused or delusional thinking

Depression

Diarrhea

Difficulty with memory, thinking, talking, comprehension, writing or reading ➤ Headache

Loss of appetite, Weakness (loss of strength)

Malaise or lethargy

Mucus membrane inflammation

Nausea with or without vomiting

Skin lesions that are scaly and sore

34. Dermatomyositis what is true:

distal muscle weakness

Underlying malignancy can be

Generalized Skin rash

☐ **Explanation:** The cause of dermatomyositis is unknown. Experts think it may be due to a viral infection of the muscles or a problem with the body's immune system. It can also sometimes occur in patients who have cancer of the abdomen, lung or other body area.

35. 27 years old man have asymmetric oligoarthritis involve Knee & elbow, painful oral ulcer for 10 years. he came with form of arthritis , mild abdominal pain ,, dx is:

Behcets diseased

SLE

Regional enteritis

Ulcerative colitis

Wipples disease

Explanation: Mouth. Painful mouth sores, identical to canker sores, are the most common sign of Behcet's disease.

Skin. Some people may develop acne-like sores on their bodies. Others may develop red, raised and tender nodules on their skin, especially on the lower legs.

Gentalia sores

Eyes. Behcet's disease may cause inflammation in the eye — a condition called uveitis (u-ve-I-tis).

Joints. Joint swelling and pain often affect the knees in people with Behcet's disease. The ankles, elbows or wrists also may be involved. Signs and symptoms may last one to three weeks and go away on their own.

Vascular system. (Vasculitis).

Digestive system. Behcet's disease may cause a variety of signs and symptoms that affect the digestive system, including abdominal pain, diarrhea or bleeding.

Brain. Behcet's disease may cause inflammation in the brain and nervous system that leads to headache, fever, disorientation, poor balance or stroke.

36. Dermatomyositis came with the following symptoms:

Proximal muscle weakness

Proximal muscle tenderness

☐ **Symptoms including:**

Difficulty swallowing

Muscle weakness, stiffness, or soreness

Purple or violet colored upper eyelids

Purple-red skin rash

Shortness of breath

37. Old male , back pain , ex is normal : gave him steroid , come again with vesicle from back to abdomen : a)

VZV

☐ **Explanation:** A painful, blistering rash tends to occur on one side of the body, usually on the trunk or face. There may be pain, numbness or tingling of the area 2 to 4 days before the rash appears. Pain or numbness usually resolves within weeks, but it can sometimes persist for much longer.

38. Hair loss is a side effect of the following medications:

Phenytoin

Carbamezabin

Valporic Acid

Diazepam

Explanation :most COMMON side effects persist or become bothersome when using:

Valproic Acid: Constipation, diarrhea, dizziness, drowsiness, headache, increased or decreased appetite, mild hair loss; nausea; sore throat; stomach pain or upset; trouble sleeping; vomiting; weakness; weight gain.

Phenytoin : gingival hyperplasia, hirsuteism, ataxia

Carbamazepine : agranulocytosis, hepatotoxicity, aplastic anemia ☐ **Na Valproate:** transient hair loss.

39. Patient with symptoms of blephritis and acne rosacea the best Rx is: a)

Doxacycline

Erythromycin

Cephtriaxone

☐ **Explanation:** often, an antibiotic or combination antibiotic-steroid ointment is prescribed for varying periods of time, depending on response. For example, tetracyclines tend to work well for rosacea, not only because of the antibiotic effect, but because tetracyclines tend to decrease the viscosity of naturally secreted oils, thereby reducing the oil gland "plugging" that occurs with this disease. Most eye doctors will prescribe long-acting tetracyclines such as doxycycline, which can be taken once or twice a day. Furthermore, doxycycline, unlike traditional tetracycline, can be taken with food and milk products without preventing absorption in the body.

40. Folliculitis treatment is:

Topical steroid

PO steroid

PO antibiotic

Topical AB

☐ **Explanation:** Treatment; Hot, moist compresses may promote drainage of the affected follicles. Treatment may include antibiotics applied to the skin (mupirocin) or taken by mouth (dicloxacillin), or antifungal medications to control the infection.

41. Child with fever and runny nose, conjunctivitis and cough then he developed Maculopapular rash started in his face and descend to involve the rest of the body:

EBV

Cocxaci virus

Rubella virus

Vaccini virus

☐ **Explanation:** Rubella symptoms: Mild fever of 102 F (38.9 C) or lower, Headache, Stuffy or runny nose, Inflamed, red eyes enlarged, tender lymph nodes at the base of the skull, the back of the neck and behind the ears. A fine, pink rash that begins on the face and quickly spreads to the trunk and then the arms and legs, before disappearing in the same sequence. Aching joints, especially in young women

42. Most common association with acanthosis nigricans (one):

Hodgkin lymphoma.

Non-hodgkin lymphoma

DM

Insulin resistance.

Internal malignancy

Explanation: This occurs due to insulin spillover (from excessive production due to obesity or insulin resistance) into the skin which results in abnormal growth being observed.

The most common cause would be insulin resistance, usually from type 2 diabetes mellitus. Other causes are familial, obesity, drug-induced, malignancy (gastric cancer), idiopathic and polycystic ovary syndrome.

43. A middle aged man having black spots on his thigh for years, it is starting to become more black with bloody discharge, the best management is to:

Wide excision.

Incisional biopsy

Cryotherapy.

Radiotherapy.

Immunotherapy.

☐ **Explanation:** The patient is having a malignant melanoma and the treatment is by excision.

44. Patient has symptoms of infection, desquamation of hands and feet, BP 170/110 dx: a)

Syphilis

Toxic shock syndrome

Scarlet fever

45. Patient with early rheumatoid arthritis, what is your management to decrease the limitation of movement

Do not use analgesics or steroids

Use DMARDs like methotrexate or antiTNF, hydroxychloroquine

Explanation: RA usually requires lifelong treatment, including medications, physical therapy, exercise, education, and possibly surgery. Early, aggressive treatment for RA can delay joint destruction.

MEDICATIONS: Disease modifying antirheumatic drugs (DMARDs): These drugs are the first drugs usually tried in patients with RA. They are prescribed in addition to rest, strengthening exercises, and antiinflammatory drugs.

46. Child with multiple painful swellings on the dorsum of hands , feet , fingers and toes ,his CBC showed Hb=7,RBC's on peripheral smear are crescent shaped , what is your long-term care? a) Corticosteroids

Penicillin V

Antihistaminic

☐ **Explanation:** this patient have sickle cell anemia

421

47. Patient was presented by Bullous in his foot , biopsy showed sub dermal lysis , fluorescent stain showed IgG , what is the most likely diagnosis :

Bolus epidermolysis.

Pemphigoid vulgaris.

Herpetic multiform.

Bullous pemphigoid.

Explanation: Bullous Pemphigoid: An acquired blistering disease that leads to separation at the epidermal basement membrane. It is most commonly seen in patients 60–80 years of age. Its pathogenesis involves antibodies that are developed against the bullous pemphigoid antigen, which lies superficially in the basement membrane zone (BMZ). Antigen-antibody complexes activate complement and eosinophil degranulation that provoke an inflammatory reaction and lead to separation at the BMZ. The blisters are stable because their roof consists of nearly normal epidermis.

HISTORY/PE: Presents with firm, stable blisters that arise on erythematous skin, often preceded by urticarial lesions. Mucous membranes are less commonly involved than is the case in pemphigus.

DIAGNOSIS: Diagnosed according to the clinical picture. Skin biopsy shows a subepidermal blister, often with an eosinophil-rich infiltrate. Immunofluorescence demonstrates linear IgG and C3 immunoglobulin and complement at the dermal-epidermal junction.

TREATMENT: Systemic corticosteroids. Topical corticosteroids can help prevent blister formation when applied to early lesions.

48. 2months old with scaling lesion on scalp and forehead, Dx:

Seberrhoic Dermatitis

Erythema multiform

☐ **Explanation:** Seborrheic dermatitis can occur on many different body areas. Usualky it forms where the skin is oily or greasy. Commonly affected areas include the scalp, eyebrows, eyelids, creases of the nose, lips, behind the ears, in the outer ear, and middle of the chest.

49. Henoch-Scholenpurpura affect:

Capillary and venule

Arteriole, capillary and venule

Artery to vein

☐ **Explanation:** Henoch-Schönlein purpura is a small-vessel vasculitis in which complexes of immunoglobulin A (IgA) and complement component 3 (C3) are deposited on arterioles, capillaries, and venules. As with IgA nephropathy, serum levels of IgA are high in HSP and there are identical findings on renal biopsy; however, IgA nephropathy has a predilection for young adults while HSP is more predominant among children. Further, IgA nephropathy typically only affects the kidneys while HSP is a systemic disease. HSP involves the skin and connective tissues, scrotum, joints, gastrointestinal tract and kidneys.

50. Patient he was living in a cold climate for long time he notices a brown scaly lesion on his chest, when he moved to hot area the lesion became hypopigmented although the rest of his body was tanned, Dx: a)

Psoriasis

b) Pityriasis versicolor

51. Urticaria, all true EXCEPT:

Can be part of anaphylactic reaction

Is not always due to immune reaction

Always due to deposition of immune complex in the skin (due to increase permeability of capillaries) d) Due to ingestion of drug

e) Due to ingestion of strawberry

☐ **Explanation:** it is not always due to deposition of immune complex in the skin (right :due to increase permeability of capillaries)

52. Neonate baby present with rash over the face & trunk& bluster formation , Diagnosis: a)

Erythema Toxicum

☐ **Explanation:** Erythema toxicum may appear in 50 percent or more of all normal newborn infants. It usually appears in term infants between the ages of 3 days and 2 weeks. Its causes are unknown. The condition may be present in the first few hours of life, generally appears after the first day, and may last for several days. Although the condition is harmless, it can be of great concern to the new parent. Symptoms: The main symptom is a rash of small, yellow-to-white colored papules surrounded by red skin. There may be a few or several papules. They usually appear on the face and middle of the body, but may also be seen on the upper arms and thighs. The rash can change rapidly, appearing and disappearing in different areas over hours to days.

53. Picture in computer appear vesicle, bulla and erythema in chest skin so what is the treatment? a)

Acyclovir cream

Betamethzone cream

Floclvir

Erythromycin

54. The following drugs can be used for acne treatment except:

Ethinyl estradiol

Retin A

Vitamin A
Erythromycin ointment
azelenic acid

55. Patient present with, erythematous lesions and vesicles on periorbital and forehead, the pain is at nose, nose is erythematous. what is diagnosis

Roseola
HSV

Herpes zoster

56. Seborrheic Dermatitis caused by :

a) **Pityrosporum Ovale**

Explanation: treatment → selenium sulfide or zinc pyrithione shampoos for the scalp, and topical antifungals and/or topical corticosteroids for other areas.

Seborrheic dermatitis → is an inflammatory skin disorder affecting the scalp, face, and trunk. Presents with scaly, flaky, itchy, red skin. It particularly affects the sebum-gland rich areas of skin.

57. Patient complaining of back pain and hypersensitive skin of the back, on examination, patient had rashes in the back, tender, red base distributed in belt-like pattern on the back, belt-like diagnosis is: a)

Herpes Zoster

b) CMV

Herpes zoster

Etiology: Varicella-zoster virus (dormant in dorsal root ganglion after childhood chickenpox).

Clinical features: Pain in the affected dermatome. After 1- 3 days, there are clustered, red papules which become vesicular then pustular. There may be fever, malaise and lymphadenopathy. Pain may persist for months. Involvement of ophthalmic division of trigeminal nerve may cause Keratitis/blindness

Treatment: Use topical antiseptics, idoxuridine, or acyclovir for cold sores, Oral acyclovir for severe/generalized herpes. For post-herpetic neuralgia, use analgesics, carbamazepine, tricyclic antidepressants NB → oral antiviral (decrease risk of post herpetic neuralgia)

58. Blistering skin rash is a feature of the following except:

Erythema herpeticum
Erythema multiforme
Sulphonamide allergy

Erythema nodosum

Erythema multiforme: is an acute, self-limiting, inflammatory skin eruption. The rash is made of spots that are red, sometimes with blistered areas in the center. so named because of the "multiple forms" it appears in; Divided into two overlapping subgroups (EM minor and Stevens-Johnson syndrome "most often results from a medication like penicillin's and sulfa drugs")

Eczema herpeticum: A febrile condition caused by cutaneous dissemination of herpes virus type 1, occurring most commonly in children, consisting of a widespread eruption of vesicles rapidly becoming umbilicated pustules

Skin reactions are the most common adverse reactions to sulfa medications, ranging from various benign rashes to life-threatening Stevens-Johnson syndrome and toxic epidermal necrolysis. ☐ **Erythema nodosum**:- the formation of tender, red nodules on the front of the legs

59. Scabies infestation, all true except:

Rarely involve head and neck

5% lindane is effective

Benzobenzoates is equally effective to 5% lindane

Itching occurs 1 week after infestation

Explanation: Scabies is caused by the mite *S. scabiei* var. *hominis*, an arthropod.

Humans can be affected by animal scabies. Transient pruritic papular or vesicular erythemic lesion may occur after 24 hours of an exposure to an infested animal. The immediate itching protective mechanism can prevent the mite from burrowing.

Treatment options include either topical or total medications. Topical options include permethrin cream, lindane, benzyl benzoate, crotamiton lotion and cream, sulfur, Tea tree oil. Oral options include ivermectin.

60. Dysplastic nevus syndrome all of the following are true except:

Autosomal dominant

answer not written

Dysplastic nevi, also known as **atypical moles**, are unusual benign moles that may resemble melanoma.

People who have them are at an increased risk of melanoma. In general, the lifetime risk of developing a cutaneous melanoma is approximately 0.6%, or 1 in 150 individuals.

People with larger number of atypical moles, have greater risk. As having 10 or more of them = 12 times the risk of developing melanoma as members of the general public even with no family history. This condition can be Heredity (two or more 1st degree relatives) or sporadic.

The classic atypical mole syndrome has the following characteristics: 100 or more moles, One or more moles greater than 8mm (1/3 inch) or larger indiameter and one or more moles that look atypical

In some studies of patients with FAMM (syndrome of familial atypical moles and melanomas), the overall lifetime risk of melanoma has been estimated to be 100%.

The criteria for FAMM syndrome are as follows:

The occurrence of malignant melanoma in 1 or more first- or second-degree relatives

The presence of numerous (often >50) melanocytic nevi, some of which are clinically atypical > Many of the associated nevi showing certain histologic features

61. patient with scale in hair margin and nasal fold and behind ear with papule and irregular erythema so treatment is

Nizoral cream

Atovit

Acyclovir

Antibiotic tetracycline or topical flagyl

62. Psoralin ultraviolet ray A (PUVA) all of the following are true except: a)

useful in vitiligo

contraindicated in SLE

Used to treat some childhood intractable dermatosis

Increase the risk of basal and Squamous cell cancer

Explanation: Psoralens and ultraviolet A light (PUVA) is medically necessary for the following conditions after conventional therapies have failed: Nfection, Vitiligo, Severe refractory pruritis of polycythemia vera, Morphea and localized skin lesions associated with scleroderma

PUVA should be used in the lowest doses possible as higher doses and more exposure increase the risk of skin cancer

Psoralens should not be used by: Children under age 12, because the UV light therapy may cause cataracts, People who have diseases that make their skin more sensitive to sunlight (such as lupus), Fertile men and women who do not use birth control. There is a small risk of birth defects., Pregnant women, because of possible effects on developing fetuses

Side effects (short-term) Skin redness & itching, headache, nausea & Burns. The spread of psoriasis to skin that was not affected before (Koebner's response).

Side effects (long-term) Squamous cell carcinoma & Melanoma

63. Patient with eruptive purpuric rash, hepatosplenomegaly

a) **Epstein-Barr virus infection**

64. a lady with 9 weeks history of elevated erythematous wheals overall her body , she also has lip swelling, no Hx of recent travel ,food allergy or drug ingestion, Dx:

chronic angioedema & urticarial

contact dermatitis

solar dermatitis

cholinergic dermatitis

Explanation:

Chronic urticaria : if more than 6 months

Solar urticaria : due to sunlight

Cholinergic urticaria: due to brief increase in body temperature.

Cold urticaria : due to exposure to cold

65. Patient with Acne take retinoids for management of acne, side effect is a)

No choices written

Explanation: The side effects of retinoid are:

Dry skin, eye, lips, hair & genitalia.

Sun sensitivity.

body ache&joint pain

decreased night vision

increased triglyceride levels

liver and kidney toxicity

Pseudo tumor cerebri

66. 70 years old man c/o fever , vesicular rash over forehead management: a)

IV AB

IV antiviral

Acyclovir

Explanation: Acyclovir is indicated in :

Genital herpes simplex

Herpes simplex labialis

Herpes zoster

Acute chickenpox in immunocompromised patients

Herpes simplex encephalitis

Acute mucocutaneous HSV infections in immunocompromised patients

Herpes simplex keratitis

Herpes simplex blepharitis

Prophylaxis in immunocompromised patients

67. Patient has this painful lesion. The Dx:

Herpes zoster

Folliculitis

Cellulitis

68. 42 years old man presented with sudden eruption all over the body with palm & foot ,, most likely Dx:-

a) syphilis

erythema nodosum

erythema multiforme

Fixed drug eruption

pytriasisroscia

Syphilis Is sexually transmitted disease, & it is one of the infectious diseases, has dermatological manifestation: painless papule develops and soon breaks down to form a clean based ulcer (chancre with raised, indurated margins).

Erythema multiforme: most cases related to drug ingestion majority of cases related to antibiotics (penicillin, sulfonamides), anticonvulsants (phenytoin, carbamazepine, Phenobarbital, lamotrigine), NSAID, allopurinol, minority of cases may be infection- related (mycoplasma pneumonia, herpissimplex) involve skin including perineum and genitals, mucous membranes (eyes, mouth, pharynx) It varies from a mild, self-limited rash (E. multiforme minor) to a severe, life-threatening form (E. multiforme major, or StevensJohnson syndrome) that also involves mucous membranes. The skin form of E. multiforme, far more common than the severe form, usually presents with mildly itchy, pink-red blotches, symmetrically arranged and starting on the extremities

Erythema nodosum (red nodules) is an inflammation of the fat cells under the skin (panniculitis). It occurs 3-6 weeks after an event, either internal or external to the body that initiates a hypersensitivity reaction in subcutaneous fat and is frequently associated with fever, malaise, and joint pain and inflammation. It presents as tender red nodules on the shins that are smooth and shiny.

Fixed drug eruptions are more common on the limbs than the trunk; the hands and feet “not necessarily palms and soles”. Lesions may occur around the mouth or the eyes. The genitals or inside the mouth may

be involved in association with skin lesions or on their own, Can be caused by: acetaminophen, sulfonamide antibiotics, tetracycline, Phenobarbital, phenolphthalein.

Pityriasis rosea most often affects teenagers or young adults. In most cases there are no other symptoms, but in some cases the rash follows a few days after a upper respiratory viral infection. Herpes viruses 6 and 7 have sometimes been associated with pityriasisrosea. It begins with one large (2-5cm),oval herald patch, smaller secondary multiple lesions appear within 1-2 weeks.

69. Athlete who jogs on daily basis presented with groin rash with erythema, the Rx: a)

Topical antibiotic

Topical antifungal

Topical steroid

70. 10 years old boy presented with a 5 days history of skin lesion which was scaly and yellowish. The diagnosis is

a) **Tenia corporum**

71. photo show erythema at lower abdomen, groin and thighs

Erythema

Sebboric dermatitis

Tinea Cruris



72. Children with eruption within 5 days on all skin

Varicella

erythema nodosum

erythema multiform

fixed drug eruption

73. sun burn hypertensive patient on hydralazine beside using sun protective

a) Discontinue anti HPN

Daily paths

Use mink oil

Avoid sun exposure

Frequent paths

74. Pituitary adenoma secrete:

Acth

FSH

Prolactin

75. 32 years old patient come to you worries about one of his moles , giving history that his father had moles excisional biopsy done to him but now he has metastasis in lungs , bones and liver , what will come to your mind about malignant change of mole :

irregular border

presence in the thigh

homogenous colour

☐ **Explanation:** The ABCDEs of melanoma: Asymmetric, Irregular Border, Irregular Color, Diameter > 6 mm, Evolution: changing or new lesion

76. nasal pain & rash :

a) Rosea

Sun burn not responding to antisun creams how you could manage this patient because he spent many times near the sea (take some cold shower after return back , give him prednison orally): a) antifungal tinea versicolor

Erythema nodosum :

a) painful red nodules

79. Picture of wart in hand and asking for diagnosis.

a) HPV

80. child with eczema flare up he is on steroid and having itching disturb his sleeping: a) give antihistamine
b) topical(cream) steroid



81. Lichen planus most common site?

Scalp

Neck

Knee

Buttocks

☐ Lesions usually develop on flexural surfaces of the limbs, such as the wrists (see the image below). After a week or more, a generalized eruption develops with maximal spreading within 2-16 weeks

82. Child with loss hair in the temporal area with microscopic finding Dx a)

Alopecia

b) Kerion

83. Acne topical antibiotic:

clindamycin if Non inflammatory

Benzoyl or topical retinoic acid if inflammatory

Female with problem in school -manual removal of her hair (baldness) : a)

Trichotillomani

Best treatment in acne rosea:

Amoxicillin

Clindamycin

Erythromycin

Doxycyclin

Metronisazole then tetracyclin



86. Picture of skin with purple flat topped polygonal papules,
dx:

a) Lichen planus

87. Male patient with scaly fine papular rash on front of scalp, nose and retroauricular, what is the treatment:

Ketoconazole cream

Oral augmentin

Explanation: tinea capitis: single or multiple patches of hair loss, sometimes with a 'black dot' pattern (often with broken-off hairs), that may be accompanied by inflammation, scaling, pustules, and itching.

Treatment : oral antifungal agent; griseofulvin is the most commonly used drug, but other newer antimycotic drugs, such as terbinafine, itraconazole, and fluconazole have started to gain acceptance.

☐ **Diagnosis:** Wood's lamp examination

88. Xanthoma:

On lateral aspect of the upper eyelid.

Hard plaque.

Around arterioles.

Is not related to hyperlipidemia.

Deposited in dermis.

☐ **Explanation:** They are usually soft plaques that are located in the dermis at the inner aspect of the upper eyelid.

89. Child with atopic dermatitis, what you will give other than cortisone

TREATMENT

Prophylactic measures include use of nondrying soaps, application of moisturizers, and avoidance of known triggers.

Treat with topical corticosteroids (avoid systemic steroids in light of their side effect profile), PUVA, and topical immunomodulators (e.g., tacrolimus, pimecrolimus).

Topical corticosteroids should not be used for longer than 2–3 weeks.

90. 2months infant with white plaque on tongue and greasy, past history of Chlamydia conjunctivitis after birth treated by clindamycin what is treatment:

Oral nystatin

Topical steroids

Topical acyclovair

Oral tetracycline

91. Newborn came with red-lump on left shoulder, it is:

a) Hemangioma

92. Patient was presented by blepharitis, acne roseca, but no keratitis, what is the best treatment? a)

Topical chlorophenicol.

Topical gentamicin.

Oral doxycyclin.

93. case scenario: oral and genital ulcer with arthritis

behcet disease

syphilis

herpes simplex

94. What is the most effective treatment for rocasea

Clindamycine

Erythromycin

Topical steroids

Explanation: if mention tetracycline choose it ☐ **Treatment of Rosacea :**

Oral tetracyclines& topical metronidazole or topical erthyromycin or topical clinamycine.

For severe case : isotretinoin, surgical treatment for rhinophyma

95. 23 years old history of URTI then he developed ecchymosis best treated a)

Local AB

Local antiviral

Steroid

96. 35 year old smoker , on examination sown white patch on the tongue, management: a)

Antibiotic

Excisional biopsy

Close observation

☐ A biopsy should be done, and the lesion surgically excised if pre-cancerous changes or cancer is detected.

97. Patient known case of ulcerative colitis with erythematous rash in lower limb, what is most likely diagnosis?

a) Erythema nodosum

98. Patient known to have ulcerative colitis coming with skin lesion around Tibia which is with irregular margins, what is most likely diagnosis?

a) Pyodermagangirenosum



99. Child with piece of glass, beans , battery deep in ear canal what to do: a) best pick with forceps

b) No irrigation

100. All are true in black hairy tongue, EXCEPT:

Hydrocortisone can be used.

Advice patient not brush his tongue.

□ **Explanation:** Black hairy tongue: Defective desquamation of the filiform papillae that results from a variety of precipitating factors (poor oral hygiene, use of medications e.g. broad- spectrum Abx& therapeutic radiation of the head & neck). All cases are characterized by hypertrophy and elongation of filiform papillae with a lack of desquamation. Seen more in those: tobacco use, heavy coffee or tea drinkers, HIV +ve. Rarely symptomatic. Rx: In many cases, simply BRUSHING THE TONGUE with a toothbrush or tongue scraper is sufficient. . Medication: if due to candidiasis: Antifungal (Nystatin), Keratolytic agents (but irritant).

101. Picture, hyperkeratotic, scaly lesion over the extensor surface of knee and elbow, what to do to avoid exacerbation?

Avoid sun exposure

Steroid

Avoid trauma

102. Baby with red macule & dilated capillary on the right side of the face:

a) **Sturge-Weber Syndrome or Nevus Flammeus “Don’t choose milia or cavernous haemangioma”**

103. 10 year old present with erythematous scaly areas pruritic in face scalp and flexor area as shown in picture dx is:

a) **Atopic dermatitis**

104. Type of acne pustule with discharge:

a) **Inflammatory**

105. Second degree burn in face and neck

a) **Hospitalization**

106. photo for face showing red area at angle of nose and he suffer from erythema and scaly at this area , chest and scalp :

scabies

atrophic dermatitis

Seborrheic dermatitis

107. picture of child with red rash on flexor surfaces :

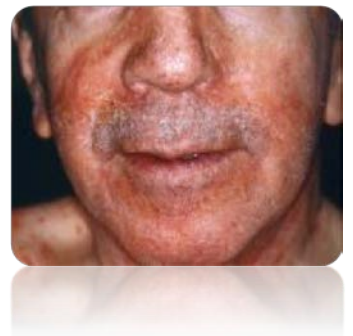
a) **Atopic dermatitis**

108. child with round palpable red rash on his right leg no pain or itching for long time : a) **Granuloma annular**

Tenia corpora

Erythema nodosum

Migratory



109. Laser therapy in derma (PUVA)

- a) Used in treatment of Eczema and psoriasis

110. The goal of early management of inflammatory acne:

- a) To prevent physical scar

111. Pyoderma gangrenosum treated by :

- a) Treatment by corticosteroids and cyclosporine.

112. Coffee-de latte confirms diagnosis of Neurofibromatosis:

Arch-leaf nodule

Axillaries and inguinal freckling

113. Female with Acne not responding to Steroid and antibiotics you decided to give her Ricotan but before that what you will tell her about this medication?

Cause birth defect

Increase in Acne before decrease it

114. Asthma + skin lesion:

- a) Atopic dermatitis

115. Female with red rash under breast, after wash this rash with moist what give: a)

Topical antibiotic

Antifungal powder

Solution

Steroid

116. Patient with family history of allergy has scaling skin and itching in face and antecubital fossa, the diagnosis?

seborrheic dermatitis

Contact dermatitis

Atopic eczema

117. Young female she have vulvar irritation she goes to her doctor and advise her to stop bubble bath ! She stopped but still she have this irritation on examination It was waxy with some things peaked what is the diagnosis?

Atopic dermatitis

Contact dermatitis

Lichen simplex

Lichen complex chronicus

**118. picture in computer appear vesicle , bulla and erythema in chest skin so ttt a) acyclovir cream
betamethasone cream**

famciclovir 500 MG EVERY 8 HR 7 DAYS

Erythromycin

This case is "**herpes zoster**".

Treatment of herpes zoster is antiviral, analgesic, Antiviral are (systemic) and include: acyclovir, famciclovir.



Baby with vesicles on the face and honey comb crust which of the following organism cause it: a) Staph aureus

431

Classical characteristic for genital herpes.

a) Painful ulcers & vesicles

121. Patient with cystic nodule (acne) and scars , what is the best treatment : a)

Retinoid

Erythromycin

Doxycycline

122. Recurrent swelling in the anal cleft with skin tract and recurrence , Dx : a)

Hidradenitis suppurativa

b) Furunculosis

Prostitute with multiple sex partners presents with history of painless vaginal sore which healed and did not leave scar. O/E has generalized lymphadenopathy. What is your diagnosis: a) Syphilis

Picture of Patients legs (calves) showing maculopapular rash. H/O red rash appearing on extensor surfaces. Rash is tender to palpate but does not blanch on pressure. What is the diagnosis: a)

Henoch-Schönlein Purpura

b) Polyarteritis nodosa

125. Patient presents with red, peeling rash at back of ears, on limbs and over body. What is the first line treatment?

Topical steroid

Oral Steroid

Oral Antibiotic

The diagnosis: scarlet fever :The cutaneous rash , lasts for 4-5 days, followed by fine desquamation, one of the most distinctive features of scarlet fever. The desquamation phase begins 7-10 days after resolution of the rash, with flakes peeling from the face. Peeling from the palms and around the fingers occurs about a week later and can last up to a month or longer. The extent and duration of this phase are directly related to the severity of the eruption

Antibiotic therapy is the treatment of choice for scarlet fever: Penicillin remains the drug of choice (documented cases of penicillin-resistant group A streptococcal infections still do not exist). A first-generation cephalosporin may be an effective alternative, as long as the patient does not have any documented anaphylactic reactions to penicillin. If this is the case, erythromycin may be considered as an alternative.

126. Itching scale in back of knee. face and ant elbow :

436

scapis

Eczema

Contact dermatitis

eczema: the earliest lesion affects antecubital and popliteal fossae
lesions are ill defined erythematous, scaly, patches and plaques

127. Post partum women when she went back to work, she exposed to the sun and started to have brown discoloration in her face. What is the diagnosis?

urticaria pigmentosa

melasma/chloasma

☐ a patchy brown or dark brown skin discoloration, that usually occurs on face and may result from hormonal changes, generally found in sun exposed areas.

128. Child with high fever and after 2 days develop sore throat on examination there is congested throat and pharynx and white to yellowish papules on erythematous base in mouth and lip what is most likely DX a)

Coxsackie virus

Herpes simplex virus

EBV

129. Young male complains of generalized skin lesions and redness, before that there is a hx of mouth and lip swelling for couple of days then he denied any hx of traveling or unusual exposure the is the Dx

Urticaria

coxsackievirus infection

cold urticaria

hot urticarial

130. Patient has a scaly hypopigmented macules on the chest and arms they seem even lighter under the sunlight, what is the ttt? (diagnosis Pityriasis alba or pityriasis versicolor) a) Topical steroid

Na selinum

Topical antibiotics

Oral antibiotics

131. 25 years old male complaining from scaly lesion in his chest, then become hypopigmented, last 2 months in winter he spends his time near to sea, by examination showed hypopigmented lesion over chest & arms Dx

Vitiligo

Taenia versicolor

132. Old black macule on his back with irregular border and color variation : a)

Sq cell carcinoma

Basal cell carcinoma

Melanoma

Acanthotic keratosis

133. CHILD with eczema on 1% hydrocortisone what other medication u can add a)

Dexamethazon

Cyclosporine

Tacrolimus

134. picture of bulls in food ... In biosy there is epidermal lysis and on immunofluorescen: deposition of IgG a)

Bulls pemphigoid

b) Pemphigoid vulgaris

135. scaly purple lesions in the face of a child the cause

staphylococcus Aureus

beta haemolytic streptococci

H. influenza

136. What is the most specific test for syphilis

TPI

FAAT

treponema antibody absorption test TPA-ABS

Patient received varicella vaccine after 30 min he developed itching, treatment is a)

Subcutaneous epinephrine

patient with hypopigmented macules.loss of sensation.thickened nerves.diagnosis was

leprosy.which type

tuberculoid

lepromatous

borderline

139. treatment of psoriasis:

a) Topical steroid

140. pt with moderately severe acne vulgaris best treatment

oral isotretinoin

topical retinoid

topical clindamycin

Oral antibiotic

19 y.o young male with good body and well muscular with bad mouth breath c/o Acne: a) He

use anabolic steroid

Patient with vesicle in mouth with gingivitis and also vesicle in arm and leg most likely cause?

a) HSV type 1

b) HSV type 2

143. case infant has genital rash (the rash spares genital fold) not response to antibiotics , most likely Dx a)

candida albicans

napkin dermatitis (diaper dermatitis)

contact dermatitis
atopic dermatitis
seborrheic dermatitis

144. use of antibiotic in acne :

to prevent spread

to decrease scarring

145. child with 2 * 2 cm hair loss at the temporal area , normal examination , microscopic examination of hairs around the area show clubbed and attenuated hairs , the diagnosis is : a) tinea capitis

alopecia areata

Trichotillomania

Telogen Effluvium

146. the best description of the lesion in herpes :

soft tender chancre

firm non-tender chancre

raised tender papule

vesicle with fluid material

147. 6 yr old school going boy complaint abt itchy scalp;n school his 10 friends have the same problem:what is your diag??

lice (Pediculus humanus capitis)

Tinea capitis

Seborrheic dermatitis

Scabies

148. Tinea capitis RX.

start Nystatin

wood lamp

149. 12 year old female , non pruritic annular eruption in the right foot for 8 months , looks pale and not scaling , no response to 6 weeks of miconazole

discoid lupus erythematosus

erythema nodosum

tinea corporis

granulomatous annulare

choriolelithium marginatum

Patient when examined you noticed absence of eye lashes and thin hair

what is the diagnosis .. a) Trichotillomania

Picture of a patient with psoriasis how to decrease keratinization a)

Frequent bath

Avoid sun

Antibiotic

152. Patient with scaly lesions around moth and ear a)

Clue cells on urine analysis indicate

b) Bacterial vaginosis

☐ **Note:** Clue cells are epithelia cells covered with bacteria seen in urine analysis

153. Side effect of Retin-A Gel in treatment of Acne? a)

Increase breast tissues.

b) **Sensitivity to Sunlight.**

c) Increase oil in the skin.

154. All the following are treatment of scabies except : a)

Crotamiton

Lindane

Permethrin

Albendazole

155. Hx of alopecia started from temporal then occipital reached to frontal Dx: a)

Androgenic alopecia

b) **Alopecia areata**



Basic sciences

1. In cachectic patient, the body utilize the proteins of the muscles:

- a) To provide Amino acid and protein synthesis.

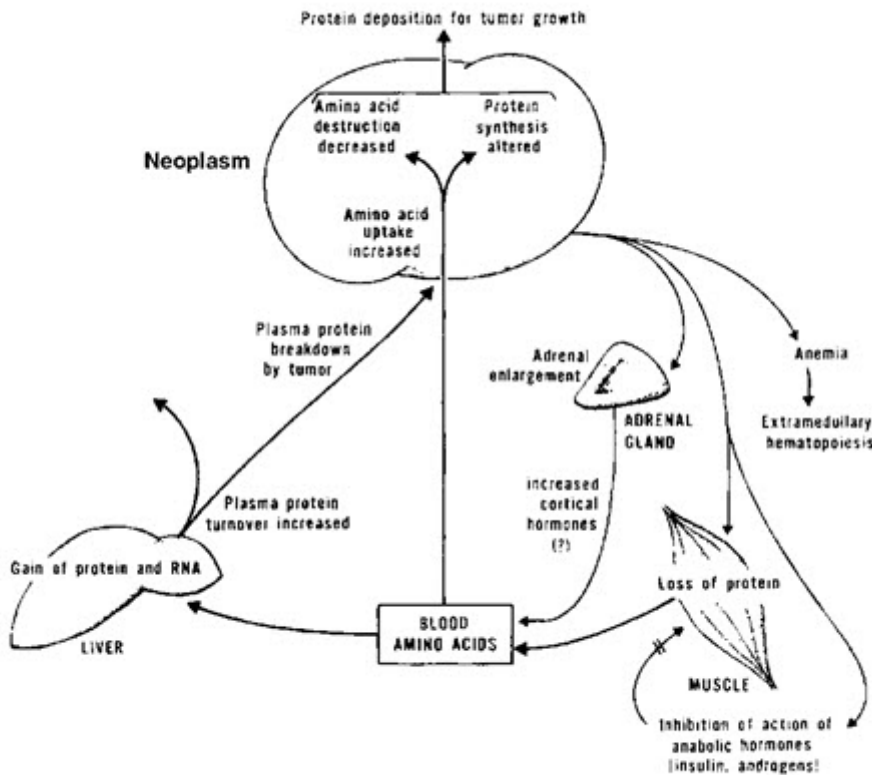


Figure 17.2 Relationships of protein and amino acid metabolism in the tumor-bearing host.

because its in cachexia patient, reduced rate of protein synthesis and an increased rate of degradation

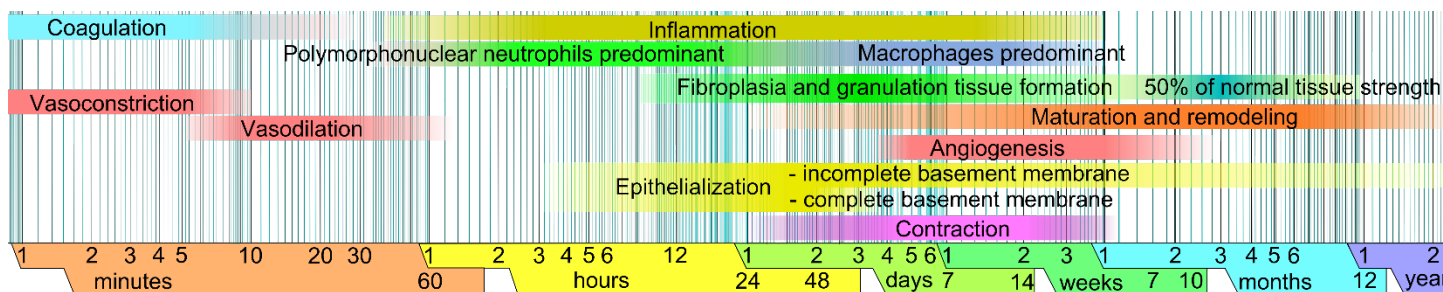
2. Which of the following describes the end of the early inflammatory phase :

- a) Formation of scar.
b) Formation of ground base of collagen.
c) The end of angiogenesis
d) wound sterile

Formation of scar, Formation of ground base of collagen and end of angiogenesis are from proliferative phase ..

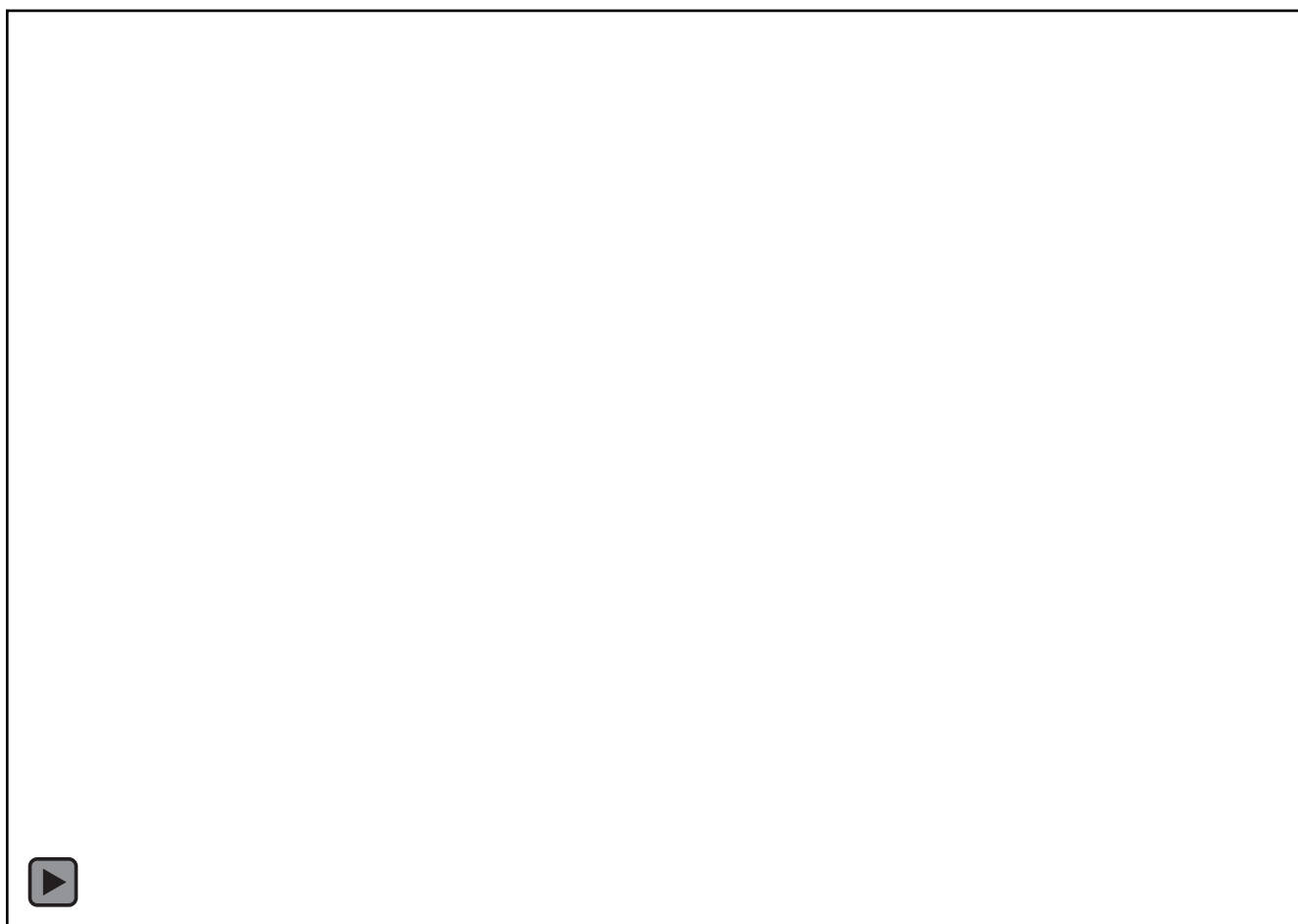
Take it In your mind the inflammatory phase didn't end until wound become sterile, that's why we see wound inflammation when become infected and this inflammatory process didn't be end until eliminate all things enter in that wound ..

Take look pictures which I added ..



So, macrophage still there until clear all things they enter from that wound ..

Look at this good flash to determine how wound healed :



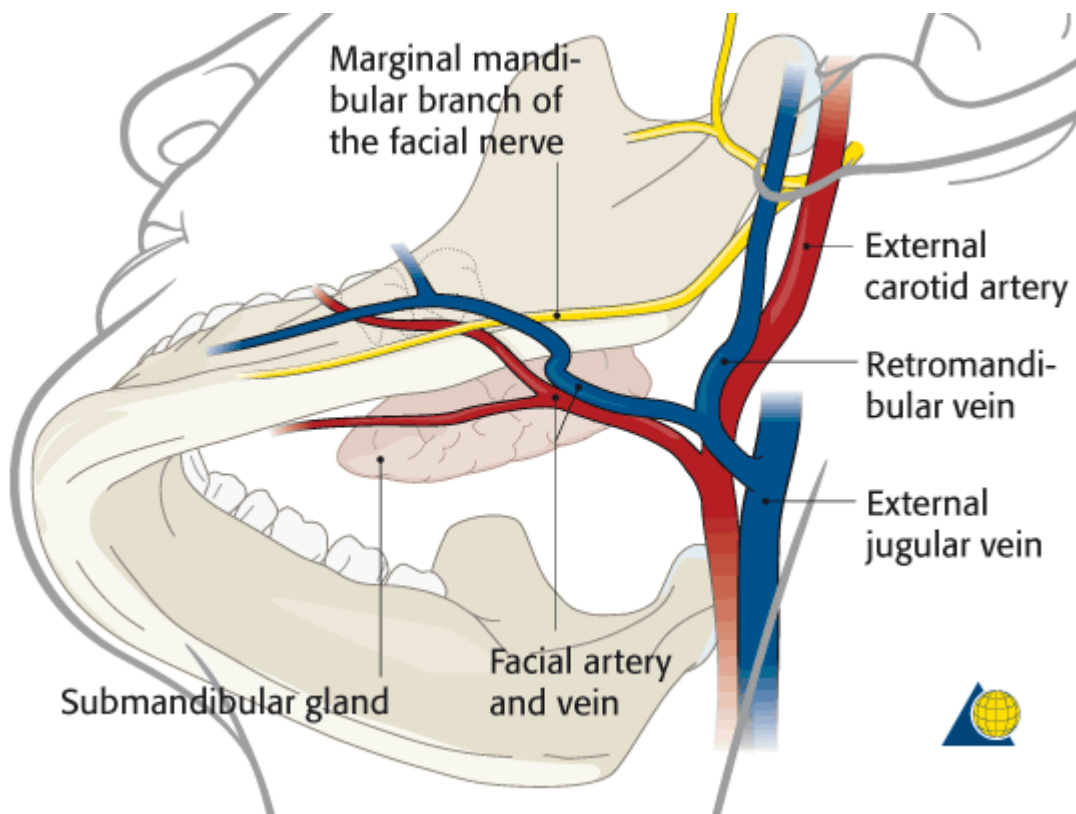
3. Anatomy of facial artery after leave mastoid

Superficial to mandular vein and external carotid

Deep to external carotid

Superficial to external

I think D if talking about facial vein , take a look in picture :

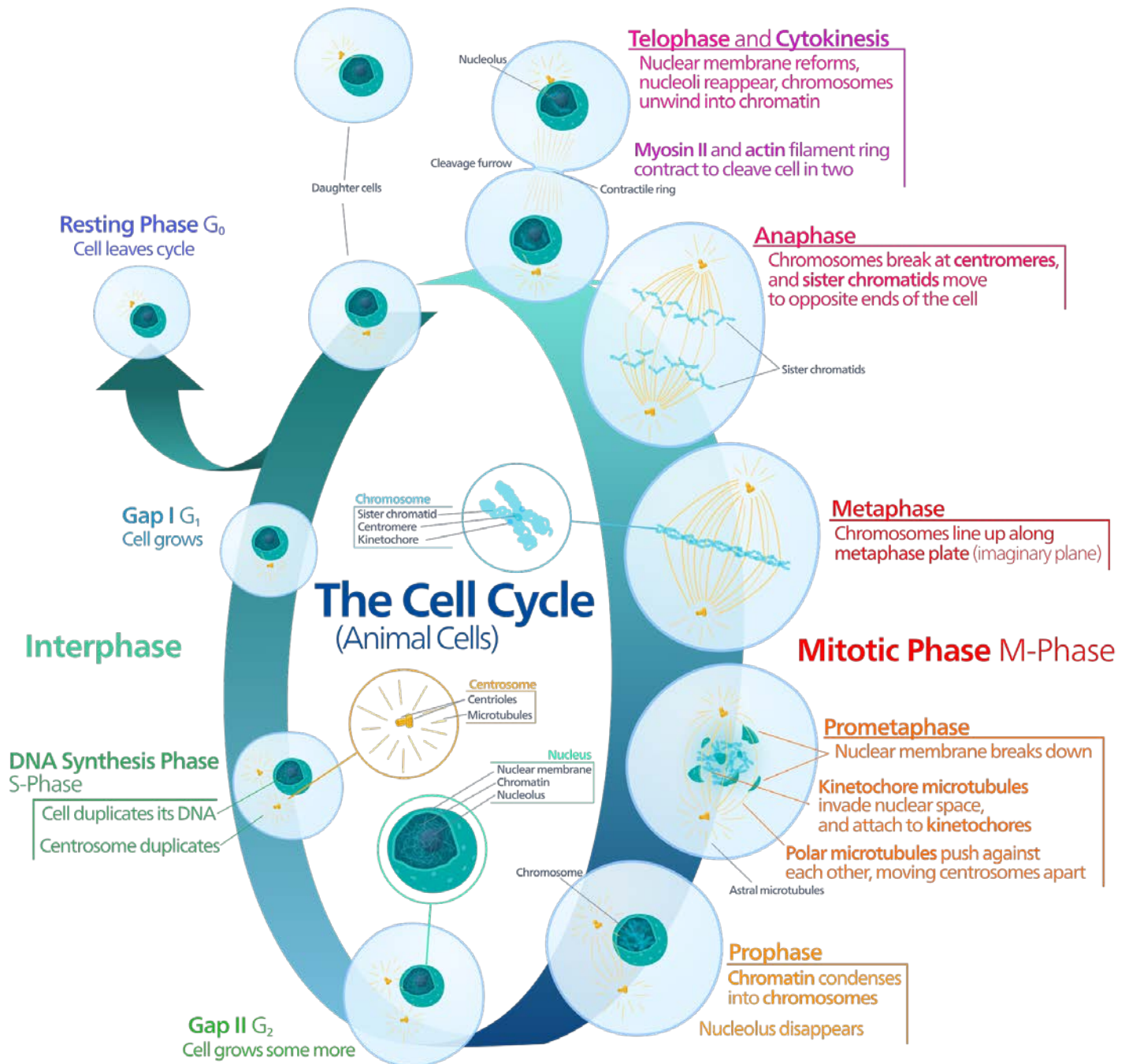


4. the separation of chromatid occur in:

Anaphase

Metaphase

Telophase



5. Adult Polycystic kidney mode of inheritance :

a) Autosomal dominant.

- ☐ Adult polycystic kidney disease (polycystic kidney disease type I) has an autosomal dominant mode of inheritance. Most common potentially lethal disorder of the kidney caused by mutations in a single gene. The vast majority of cases (85%) result from mutations in the PKD1 gene. End-stage renal failure with hypertension and uremia develops in half the patients and eventually renal dialysis or renal transplantation becomes necessary.

7. Which of the following organs is likely to receive a proportionately greater increase in blood flow?

a) **kidneys**

liver

Heart

skin

8. Scenario of trauma , on face examination there is shifted mouth angle, loss of sensation of anterior third of tongue, which CN is affected:

Facial nerve

Trigeminal nerve

Trigeminal nerve have sensory axons in the trigeminal nerve carry nerve impulses for touch, pain, and thermal sensations (heat and cold).

One branch of trigeminal nerve is mandibular nerve contains sensory axons from the anterior two-thirds of the tongue (not taste) ..

Facial nerve have sensory axons extend from the taste buds of the anterior two thirds of the tongue (taste) ..

Also, Facial nerve control with facial muscles which is caused deviation of mouth ..

9. Link the suitable treatment with organism:

Shigella → 3rd generation of cephalosporin or trimethoprim-sulfamethoxazole

Salmonella → ciprofloxacin , “ 3rd generation → Cefotaxim “

Campylobacter → erythromycin

Giardia → The most common treatment for giardiasis is metronidazole (Flagyl) for 5-10

☐ notes for all these organisms :

The most appropriate treatment is fluid and electrolyte replacement

The use of antibiotics to treat *these organisms* is controversial “usually self-limiting”

10. The most unwanted side effect of anti-cholinergic drugs is :

a) **Constipation& dry mouth.**

☐ More than 50% of patients taking anticholinergic have side effects: dry mouth, blurry vision, constipation and urinary retention. A lot of side effects can result from anticholinergic drug but the commonest is constipation.

11. The best way to prevent infection in Medical practice :

Wear gloves

Wash hands

Wear mask

Wear gown

12. A patient on IV line developed fever due to infection. The most common source of bacterial contamination of IV cannula:

Contamination of fluid during manufacturing process

Contamination of fluid during cannula insertion

Contamination at site of skin entry

Contamination during injection of medication

Seeding from remote site during intermittent bacteremia

13. A lot of bacteria produce toxins which are harmful. Which one of the following is used in amiddirs:

a) **Botulism**

Tetanus

Diphtheria

Staph aureus

☐ The botulinum toxin (botulism) is the main virulence factor. It is extremely potent neurotoxin that prevents acetylcholine release from nerve endings resulting in flaccid paralysis.

14. Blood culture show gram negative rod shape that grow only on charcoal free fungal organism is: a)

Staph. Aureus

Chlamydia

Klebsiella

Mycoplasma

Sheeps blood agar	Most pathogens grow NOT Haemophilus
Chocolate agar	Most pathogens grow Including Haemophilus
Campy-BAP	Campylobacter
Buffered charcoal yeast extract BCYE agar	Legionella
Thayer-Martin agar	Neisseria spp
MacConkey agar	Enterobacteriaceae and related gram-negative bacilli: - Bile salts (inhibit gram pos and fastidious) - CHO = lactose
MacConkey agar colonies	Red = Escherichia, Klebsiella, Enterobacter Pink = Citrobacter, Providencia, Serratia, Hafnia Colorless = Proteus, Edwardsiella, Salmonella, Shigella
Eosin methylene blue (EMB) agar	Gram negatives - Aniline dyes (inhibit gram positives)
Eosin methylene blue (EMB) agar colonies	Green-black-purple = Escherichia, Klebsiella, Enterobacter, Serratia, Hafnia, Citrobacter, Providencia Colorless = Proteus, Edwardsiella, Salmonella, Shigella
Salmonella-Shigella (SS) agar	Highly selective (inhibits most coliforms) - Bile salts and Sodium citrate (inhibit all gram positive and many gram negative) - CHO = lactose
Salmonella-Shigella (SS) agar colonies	Red = Any lactose fermenters that manage to grow Colorless = Shigella Colorless with black center = Salmonella
Hektoen-enteric (HE) agar	Same purpose as SS agar
Hektoen-enteric (HE) agar colonies	Slamon-pink to orange = Fermenters Green = Shigella Green with black center = Salmonella
Mannitol salt agar (MSA)	S aureus isolation from mixed colonies - Inhibits: most gram-negative organisms

15. Most common side effect of atropine is :

urinary incontinence

Dryness

Bradycardia.

- ☐ General side effects have included hyperpyrexia, chest pain, excessive thirst, weakness, syncope, tongue chewing, dehydration, dry mucus membrane (78% of patients) and feeling hot, other general side effects include "atropine toxicity" which often present as fever, agitation, and dry skin/mucous membranes.

16. In the neck, esophagus is:

Posterior to the trachea

Anterior to the trachea

Posterior to vertebral column

17. Which of the following shift the O₂ dissociation curve to the right:

a) Respiratory alkalosis

Hypoxia

Hypothermia

Control factors	decrease	increase
Temperature	left shift	right shift
2,3-BPG	left shift	right shift
p(CO ₂)	left shift	right shift
pH (Bohr effect)	right shift (acidosis)	left shift (alkalosis)

Note:

- Left shift: high O₂ affinity
- Right shift: low O₂ affinity
- fetal hemoglobin has higher O₂ affinity than adult hemoglobin; primarily due to much reduced affinity to 2,3-diphosphoglycerate.

The causes of shift to right can be remembered using the mnemonic, "CADET, face Right!" for CO₂, Acid, 2,3-DPG, Exercise and Temperature.^[1] Factors that move the oxygen dissociation curve to the right are those physiological states where tissues need more oxygen. For example during exercise, muscles have a higher metabolic rate, and consequently need more oxygen, produce more carbon dioxide and lactic acid, and their temperature rises.

18. Which of the following is a treatment for giardiasis:

Prazequantil

Mebendazole

Metronidazole

Albendazole

Standard treatment for giardiasis consists of antibiotic therapy.

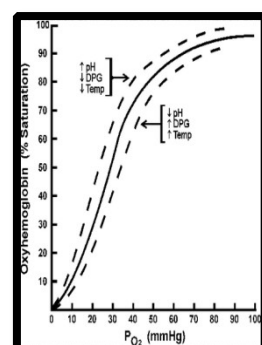
Metronidazole is the most commonly prescribed antibiotic for this condition. Appropriate fluid and electrolyte management is critical, particularly in patients with large-volume diarrheal losses.

19. Tyramine cause hypertension crises with :

TCA

MAOI

SSRI



- ☐ Tyramine acts as a catecholamine releasing agent, tyramine is physiologically metabolized by MAOA. In humans, if monoamine metabolism is compromised by the use of monoamine oxidase inhibitors (MAOIs) and foods high in tyramine are ingested, a hypertensive crisis can result.

20. Methergine contraindicated :

Asthma

HTN and pregnancy

Gastric disease

- ☐ Methergine is semi-synthetic ergot alkaloid used for the prevention and control of postpartum hemorrhage. Contraindicated in Hypertension; toxemia; pregnancy; and hypersensitivity.

21. In IDA , which of the following iron studies is most specific:

a) Iron level

TIBC

Ferritin level

Ferritin is a high molecular weight protein that consists of approximately 20% iron. It is found in all cells, but especially in hepatocytes and reticuloendothelial cells, where it serves as an iron reserve. While a low serum ferritin is widely viewed as the best single laboratory indicator of iron depletion.

As ferritin is an acute phase reactant, and is increased when an acute or chronic inflammatory process is present.

22. Treatment of chlamydia:

a) **Doxycycline**

A single dose of azithromycin or a week of doxycycline (twice daily) is the most commonly used treatments. All sex partners should be evaluated, tested, and treated.

23. Family went to a dinner party after 6 hours they all had symptoms of abdominal pain, nausea, vomiting and dehydration. Some of them recovered while others needed hospitalization. What's the most likely organism?

Guardia

Staph aureus

Salmonella

c.perfringis

c.boylism

24. 25 year old male who recently came from India presented with a 3 days history of left knee pain & swelling, 1 day history of right wrist swelling. On examination it was swollen, tender; red with limitation of movement, 50 cc of fluid was aspirated from the knee. Gram stained showed gram positive diplococci. What's the most likely organism?

Brucella

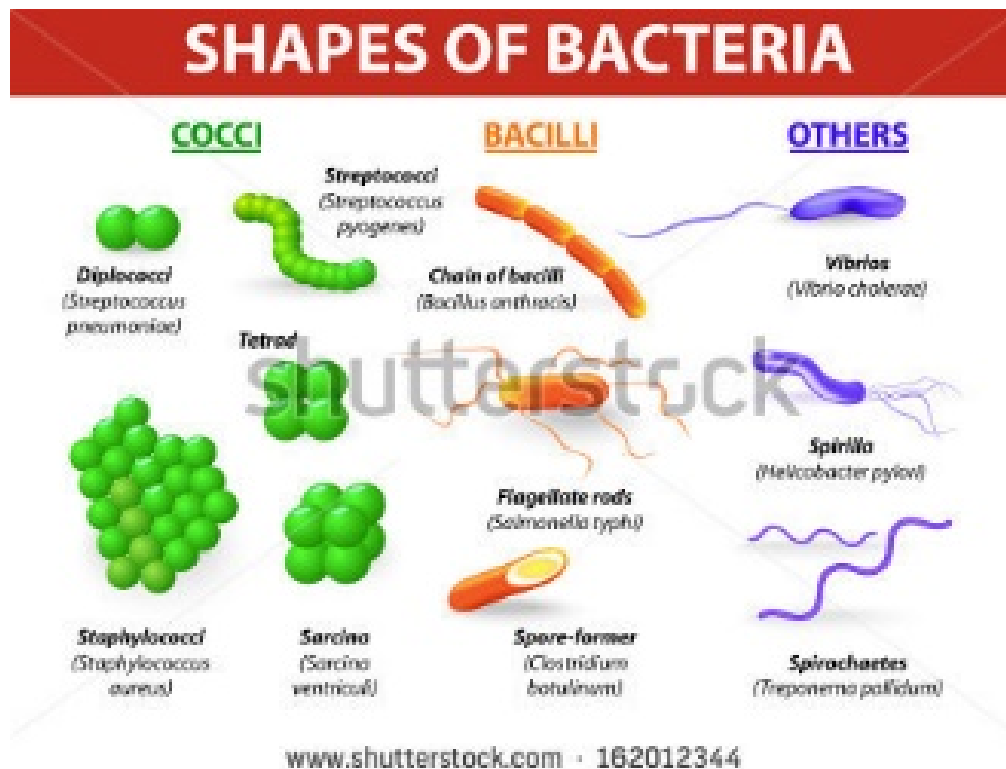
Neisseria meningitides

Streptococcus Pneumonia

Staph aureus

Strept. Pyogens

Septic Arthritis :



25. Which of the following antibiotics has the least activity against S. aureus?

a) Erythromycin.

Clindamycin.

Vancomycin

Dicloxacillin.

First generation cephalosporins.

26. Furosemide increase excretion of :

Na⁺

K⁺

phosphorus

☐ Furosemide causes high blood Na⁺, urea, glucose, cholesterol and low blood K⁺, Ca⁺.

27. All of the following signs or symptoms are characteristics of an extracellular fluid volume deficit EXCEPT:

a) Dry, sticky oral mucous membranes.

Decreased body temperature.

Decreased skin turgor.

Apathy.

Tachycardia.

28. Anticoagulant effect of heparin based on:

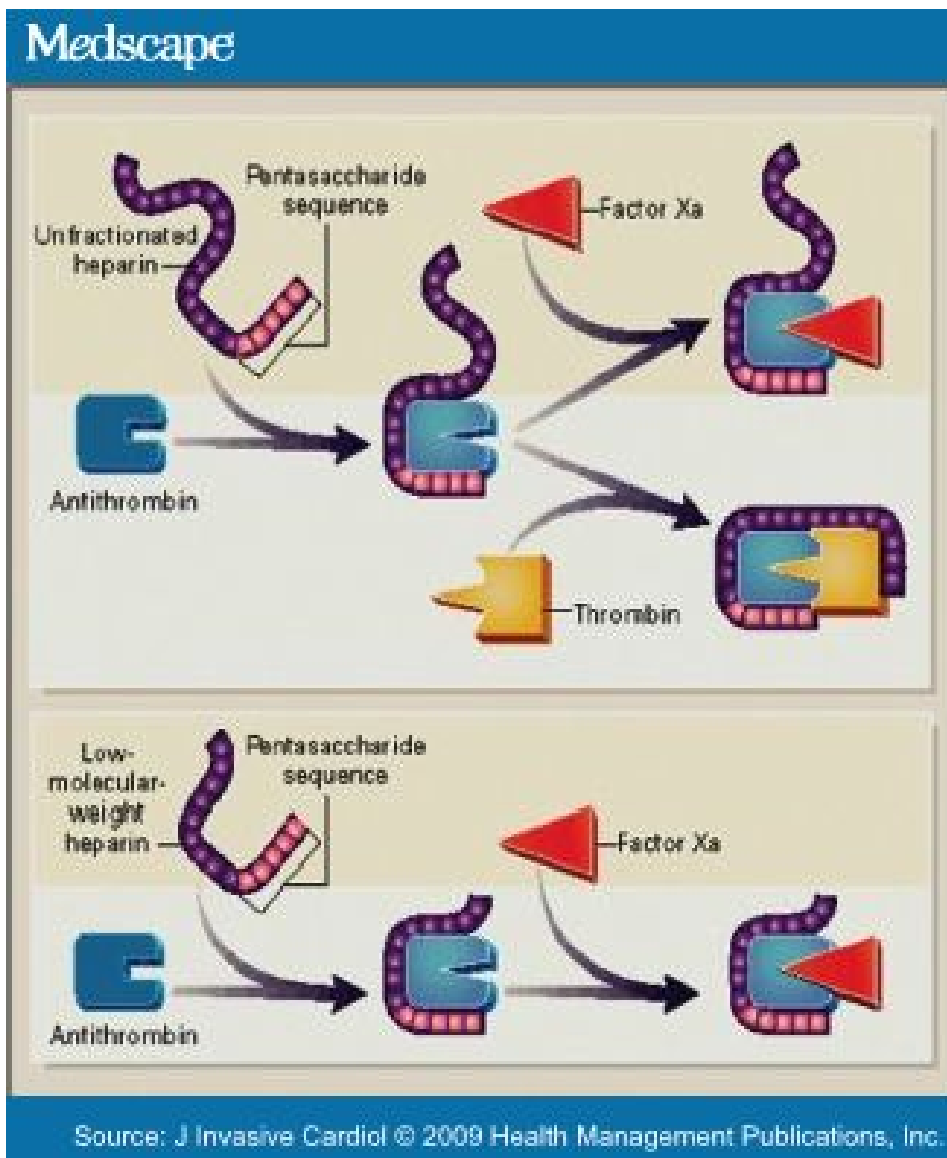
Alteration of thrombin levels

Potential of anti-thrombin III

Activation of plasmin into plasminogen

Inactivation of ionized calcium

Reduction of available factor VII



☐ Heparin and its low molecular weight derivatives are effective at preventing deep vein thromboses and pulmonary emboli in patients at risk but there is no evidence that any one is more effective than the other

in preventing mortality. Heparin binds to the enzyme inhibitor Antithrombin III causing a conformational change that result in its activation through an increase in the flexibility of its reactive site loop.

29. the length of trachea in adult is:

11-12 cm

24cm

20cm

4cm

☐ The trachea is nearly but not quite cylindrical, being flattened posteriorly; it measures about 11 cm. in length; its diameter, from side to side, is from 2 to 2.5 cm. being always greater in the male than in the female. In the child the trachea is smaller, more deeply placed, and more movable than in the adult.

441

30. All of the following drugs advised to be given to elderly patient, EXCEPT: a)

cimetidine

thyroxin

Digoxin

Chlorpropamide

☐ It's a sulphonylurea, because the risk of hypoglycemia makes this drug a poor choice for the elderly and patients with mild to moderate hepatic and renal impairment.

31. Heparin anticoagulant action depend on :

potentiating of antithrombin three

change plasmin to plasminogen

affect prothrombin

affect ionized Ca^{++}

Heparin potentiates antithrombotic affect in antithrombin three.

Warfarin inhibits vitamin K-dependent gamma carboxylation of factors 2, 7, 9, 10.

32. Entamoeba histolytica cysts are destroyed best by:

Boiling

Iodine added to water

Chlorine added to water

Freezing

33. All of the following cause gastric irritation, except:

Erythromycin

NSAIDS

Sucralfate

Diclofenac

Penicillin.

☐ Sucralfate (antiseecretory and mucosal protectants) is an anti-ulcer medication. It works mainly in the lining of the stomach by adhering to ulcer sites and protecting them from acids, enzymes, and bile salts

34. What is the most risk of antihypertensive drugs on elderly patient: a)

Hypotension

Hypokalemia

CNS side effect

35. Chronic use of steroids will give:

Osteomalacia.

Myopathies of pelvic girdle.

Increased risk of breast Ca.

Hypoglycemia.

☐ Steroids will cause osteoporosis by inhibiting Vitamin D, not osteomalacia. There has been no association with breast Ca. It causes hyperglycemia & steroid-induced diabetes. Steroids will cause proximal myopathy

36. All of the following are anti-arrhythmic drugs, except:

Xylocain

Digoxin

Quinidine

Amiodarone

Procainamide

☐ Lidocaine (not xylocaine) is the local anesthetic that is also an anti-arrhythmic.

37. Digoxin toxicity :

tinnitus

plural effusion

Nausea

all of the above

38. Which one of these drugs is administered orally:

Amikacin **"IV,IM"**

Neomycin **"Topical, Oral"**

Gentamycin **"IV, Ophthalmic,IM, topical"**

Streptomycin **"IV, IM"**

Tobramycin **"IV, IM, inhalation, ophthalmic"**

39. All of the following are true about paracetamol poisoning, except:

- a) Metabolic acidosis
- Hypoglycemia
- Bronchospasm**
- Liver Failure
- Acute renal tubular necrosis.

☐ Commonly, patients are asymptomatic for the first 24 hours or have non-specific abdominal symptoms (such as nausea and vomiting), Hepatic necrosis begins to develop after 24 hours (elevated transaminases, RUQ pain and jaundice) and can progress to acute liver failure. Patients may also develop: Encephalopathy, Oliguria, Hypoglycemia, Renal failure (usually occurs around day 3), Lactic acidosis.

40. Diagnosis of hemochromatosis:

- serum ferritin
- Transferrin saturation**

Transferrin saturation = (serum iron concentration / total iron-binding capacity x 100): >70 % is virtually diagnostic of iron overload ..

Hemochromatosis is suggested by persistently elevated transferrin saturation in the absence of other causes of iron overload. It is the initial test of choice.

Ferritin concentration can be high in other conditions, such as infections, inflammations, and liver disease. Ferritin levels are less sensitive than transferrin saturation in screening tests for hemochromatosis.

41. Recent study revealed that anti-psychotic medications cause the following complication: a)

- Wight gain**
- Alopecia
- Cirrhosis

42. Beriberi caused by deficiency of

- Vitamin B1**
- Vitamin B2
- Vitamin B3

Vitamin B1 (Thiamine)	beriberi → wet (cardiac) or dry (neurologic) Wernicke-Korsakoff syndrome (lesions of mamillary bodies)
Vitamin B3 (Niacin)	pellagra → 3Ds = dermatitis, dementia, diarrhea (and death)
Vitamin B12 (Cobalamin)	1) megaloblastic (macrocytic) anemia hypersegmented neutrophils (> 5 lobes) subacute combined degeneration of the spinal cord

43. 14 years old female with BMI 32.6 (associated big chart):

- Overweight
- Obese**
- Normal weight

- ☐ BMI < 16 : severe under weight, BMI 16 – 20 : under weight, BMI 20 – 25 : normal, BMI 25 – 30 : over wt., BMI 30 – 35 : obese classic 1, BMI 35 – 40 : obese classic 2 & BMI > 40 : obese classic 3

44. At what level lumbar puncture (LP) done at :

- L2-L3
L3-L4
L5-S1

- ☐ Local anesthetic should be infiltrated and then the area should be prepared carefully and draped. The spinal needle then is positioned between the 2 vertebral spines at the L4-L5 level and introduced into the skin with the bevel of the needle facing up.

45. Patient present with high blood pressure (systolic 200) , tachycardia, mydriasis , sweating, what is the toxicity

- Anti-cholinergic
Sympathomimetic
Tricyclic antidepressant
Organophosphorous compounds

46. All are complications of long term use of phenytoin, EXCEPT:

- a) Ataxia
Osteoporosis
Osteomalacia
Macrocytosis

- ☐ Phenytoin toxic effect might be, Gingival hyperplasia, diplopia, nystagmus, megaloblastic anemia secondary to interference with folate metabolism, hirsutism, diminished deep tendon reflexes in the extremities, CNS depression, endocrine disturbances (diabetes insipidus, hyperglycemia, glycosuria, osteomalacia).

47. Epidemic disease in poor sanitation areas affecting children and young adults:

- a) **Hepatitis A**
Hepatitis B
Hepatitis C
Hepatitis D

48. Calcium Channel Blocker drugs like verapamil , diltiazem, nifedipine are effective in all, EXCEPT:

- a) Prinzmetal angina
Hypertension
Atrial tachycardia
Ventricular tachycardia
Effort angina



- ☐ Treatment of ventricular tachycardia depends on patient stability;
Unstable patients: electrical cardioversion

Stable patients: amiodarone, lidocaine, procainamide.

49. Physiological cause of hypoxemia :

hypoventilation
improper alveolar diffusion
Perfusion problem
elevated 2,3 DPG

Causes of hypoxemia :

1- High Altitude ..

2- Diffusion ..

3- Hypoventilation ..

4- Shunting ..

5- V/Q mismatch (which is most common form) ..

All respond to O₂ except shunt ..

So, i think the question is all except ..

50. One of the Anti-psychotics causes ECG changes , Leukopenia, drooling :

a) Reserpine

Clozapine

Amisulpride

☐ Clozapine may cause a severe reduction in white blood cell count, a condition known as agranulocytosis , dementia-related psychosis in elderly, seizure, dizziness, headache, tremor, low blood pressure, and fever

51. Man use sildenafil, to prevent hypotension you should not use : a)

Nitrate

B blocker

ACE

CCB

☐ Nitrate should not be used in conjunction with drugs used to treat erectile dysfunction, such as Sildenafil (Viagra). The combination can cause extreme hypotension.

52. Deep laceration in the anterior aspect of the wrist, causing injury to the median nerve the result is:

a) claw hand

drop hand

Inability to oppose the thumb to other fingers.

- ☐ Injury to the **Median nerve** at the wrist result in the following:
- The muscles of the thenar eminence are paralyzed and wasted.
 - The thumb is laterally rotated and adducted.
 - The hand looks flattened and ape-like.
 - Opposition movement of the thumb is impossible.
 - The first two lumbricals are paralyzed.
 - Loss of the sensation over the lateral fingers.

53. mechanism of action of PTU

- a) inhibit the peroxidase enzyme

Mechanism of action [\[edit\]](#)

Central [\[edit\]](#)

PTU inhibits the enzyme **thyroperoxidase**, which normally acts in thyroid hormone synthesis by oxidizing the anion **iodide** (I^-) to **iodine** (I^0), facilitating iodine's addition to tyrosine residues on the hormone precursor **thyroglobulin**. This is one of the essential steps in the formation of **thyroxine** (T_4).^[5]

PTU does not inhibit the action of the **sodium-dependent iodide transporter** located on follicular cells' basolateral membranes. Inhibition of this step requires competitive inhibitors, such as **perchlorate** and **thiocyanate**.

Peripheral [\[edit\]](#)

PTU also acts by inhibiting the enzyme **5'-deiodinase** (**tetraiodothyronine 5' deiodinase**), which converts T_4 to the active form T_3 . (This is in contrast to **methimazole**, which shares propylthiouracil's central mechanism, but not its peripheral one.)

54. HMG-CoA side effect

- a) **Rhabdomyolysis**

55. Vertigo, inability to perceive termination of movement & difficulty in sitting or standing without visual due to some toxic reacts that likely to occur in 75% of patient with long term use of:

- a) Penicilline
Tetracycline
Amphotricin B
Streptomycin.
INH

- ☐ Streptomycin and other aminoglycosides can elicit toxic reactions involving both the vestibular and auditory branches of the eighth cranial nerve. Patients receiving an aminoglycoside should be monitored frequently for any hearing impairment owing to the irreversible deafness that may result from its prolonged use. None of the other agents listed in the question adversely affect the function of the eighth cranial nerve

56. which one of the anti TB medications cause tinnitus, imbalance

Streptomycin

- isoniazide
pyrazinamide

☐ Streptomycin and other aminoglycosides can elicit toxic reactions involving both the vestibular and auditory branches of the eighth cranial nerve. Patients receiving an aminoglycoside should be monitored frequently for any hearing impairment owing to the irreversible deafness that may result from its prolonged use. None of the other agents listed in the question adversely affect the function of the eighth cranial nerve

بسم الله الرحمن الرحيم

Second edition

النسخة الثانية

هذا الملف يحتوي على عدة أسئلة للبرومتريك من عدة امتحانات سابقة تم جمعها في ملف واحد والحلول عبارة عن جهد جماعي في صفحة الفيس بوك وبعضها من اجتهادات أصحاب الأسئلة .

This file contains several questions for Prometric, from several previous Exams have been collected in a single file and solutions is a collective effort in the Facebook page. [@saadaghi](#)

(Abdullah Marfadi) Thank God today was my exam and I had only 5 Q mistakes. Some questions repeated of

Previous questions for some doctors

My advice

1 -reading of Qassim and UQU

2 - read previous questions doctors because of repeated questions ,in the files followed by Group

3 – SCFHS a reference sources like

current medical diagnosis and treatment , The Johns Hopkins Manual of Gynecology and Obstetrics and not the net

4 - God willing, down questions as soon as

And you very much wish you success

5-my exam was in 15/5/2013

1-Patient complaint of light-headedness , tachycardia , diarrhea , relieve by laying down , history of gastrointestinal surgery before 2 month ,what is the ur provisional diagnosis

1-IBS

2-dumping syndrome

3-villous adenoma

4-cronhn's disease

Dumping syndrome occur after GI surgery ..

2-After spontaneous delivery , and complete placenta delivery , patient has heavy bleeding no response to bimanual massage , oxytocine and **methergine** second step :

1-hystroectomy

2-bilateral iliac artery ligation

3-utrine pack

4-injection PGF alpha

Medically then surgically ..

3-32 years constructor worker complain of fatigue, loss of appetite and itching , diagnosis

1-scabise

2-depression

3-GI disease

4-PATIENT work in dusty environmental , has red eyes ,itching , no trauma no mucopurulent , to relive has symptoms

1-tobramycine eye drop

2-acyclovier drop

3-trifluridine drop

4-olopatatin drop

For allergic conjunctivitis ..

5-Patient has sudden Rt eye pain ,red with dilated pupil , cloudy cornea and increased IOP , left eye by examination has cupping disc , and normal IOP, diagnosis

- a- Rt glaucoma , left glaucoma
- b- b- Rt uveitis and Lf retinal degeneration disease
- c- c-Rt conjunctivitis and left reflex symptoms

Right eye is glaucoma and left eye cupping and atrophy optic nerve mean there is glaucoma even IOP is normal which mean is chronic glaucoma in left eyes ..

6-female has burning sensation in vulva , after examination there was vesicle dew drop and tender and swelling in of the vulva, diagnosis

1-herpes simplex

2-post herpetic virus

3-wart

Any painful vesicle in vulva or mouth think about herpes simplex ..

7-3 years old has vesicular and macular rash in palate and posterior pharynx ,no gingival lesion diagnosis

a-measles

b-herpangina

c-aphtus ulcer

Herpangina is characterized by an acute onset of fever and posterior grayish white vesicles that quickly form ulcers (< 20 in number), often linearly arranged on posterior palate, uvula and tonsillar pillars ..

Bilateral faucial ulcers may also be seen and dysphagia, vomiting, abdominal pain and anorexia also occur and rarely parotitis or vaginal ulcers ..

Symptoms disappear in 4-5 days and epidemic form is due to a variety of coxsackie A viruses and coxsackie B viruses and echo viruses cause sporadic cases ..

DDx:

1- primary herpes simplex gingivostomatitis (ulcers are more prominent anteriorly and gingivitis is present) ..

2- aphthous stomatitis (fever absent, recurrent episodes, anterior lesions) ..

3- Trauma ..

4- Hand-foot-and mouth disease ..

5- Vincent angina (painful gingivitis spreading from gum line, underlying disease) ..

8-long scenario 20 years female , amenorrhea , obese , oily skin, high prolactin and high estrogen , normal LH, normal FSH ,normal TSH

1-idiopathic hyper prolactinemia

2-hypothalamic –pituitary

3-exercise induce amenorrhea

9- cachexic patient, metabolism

1-increased amino acid for synthesis protein

2-build fat for preserve organ

3- muscle no effected

10-PATEINT in cold month , when used heater in his room , complain of red eye itching , tearing anther things are normal, ur advice

1-antihistamin

2-steroid

3-humidified room

11-73 years old nursing home , PPT was positive before one year now the PPT less than 5 and no pulmonary symptoms , normal x-ray , ur advice

1-INH weekly for 6 month

2-no treatment

3-INH daily for 9 month

4-INH and rifampicin and ethambutol for one year

12-16years old female amenorrhea , has normal breast size and contour only has protrusion around nipple ,scanty hair in axilla and pubic normal secondary ch.ch .
testosterone more than 350 ng/dl

1-complete androgenic syndrome

2-asherman syndrome

3-turner syndrome

4-Mayer-Rokitansky-Kuster-Hauser Syndrome

13-long scenario Patient has HTN recurrent attack of gouts 3-4 per year , BUN and creatine are high , treatment

1-probenecid

2-allopurinol

3-indomethacin

14-Infant has erythemic rash around perineal area , not satellite treatment

1-frequent change diaper and barrier cream

2-steriod

3-antibiotic

15-clear scenario about schizophrenia

16-Q about hypertrophic cardiomyopathy

(sudden death)

17-long scenario about croup disease

18-long scenario patient 20 years old complain of bone and joint pain ,bleeding ,recurrent infection (positive myeloperoxidase and prominent blast cell)

1- myeloblastic leukemia

2-chronic myelogenous leukemia

3-myelodysplastic syndromes

19-patient, complain for 2 years of fatigue , sleepless , self esteem, hopeless

1- minor depression

2-dysthemic

3-major depression

20-Long scenario Female has previous history of ovarian cancer , came to u complain of jaundice . after investigation patient has obstruction jaundice without ascites ,treatment

1-liver biopsy

2-cholysteramin

3-liver tube drainage

21-50 years patient , alcoholic has recurrent attack of epigastric pain ,vomiting and vague fullness, high amylase

1-liver cirrhosis

2-pseudocyst of pancreas

3-peptic ulcer

22- 60 years male complain of sever shoulder pain , stiffness, tender, fatigue, fever and hip pain , ESR is high diagnosis

a-autoimmune disease

b-polymyositis

c-inflammatory tissue disease and giant cell arteritis

23-long scenario about crohn's disease , patient has fistula in- ano , next step 1-antibiotic

2-sitz bath and analgesic

3-medical treatment before fistulotomy

4-follow up only

24- 9 years old has asthma , used peak flow meter daily in the morning , glucosteroids orally + short b-agonist

- 1-persistent mild asthma
- 2-moderate asthma
- 3-moderate persistent asthma
- 4-sever asthma

25-3 years old has flu , cough , fever and in the buccal mucosa there are gray , white lesions opposite to 2nd molars ,diagnosis

- 1- rubeola
- 2- rubella
- 3-harbangina
- 2-cheken pox

26-6 years old has asthma used beclomethasone inhalation , the main side effect

- 1-esophagel reflex d.
- 2-stomitis
- 3-Growth retardation
- 4-dizness

27-patien has eating disorder for weight regain to prevent heart failure a-4 to5 pounds/week

- b-3-4 pounds/week
- c-2-3 pounds/week
- d-1-2 pounds/week

28-diabetic patient came to ur clinic for Routine examination , by ophthalmoscope there is vitreous hemorrhage what ur action

- 1-mydirosis
- 2-pilocarpain
- 3-refear to ophthalmology
- 4-multiple appointment

29- female 55 years has history of breast cancer underwent for operation before several month . now has bone pain and diagnosed as osteoporosis

Treatment

1-biphosphonate

2-vit D supplement

3-regular exercise

30-patient has acute closed-angle glaucoma which of the following contraindication

1-acetazolamide

2-pilocarpine

3-laser iridotomy

4-dipivefrin

31-long scenario female 20 years amenorrhea ,hair growth , obesity , high LH , treatment

1-as cushing syndrome

2-as addison's

3-as cystic ovary

32-which of the following drugs of TB cause vertigo

1-ethambutole

2-streptomycin

3-INH

33- heart burn and nasal congestion side effect of

1- theophylline

2-beclomethasine inhalation

3-NSAID

34-patient 90 years present with problem in memory and visuospatial abilities pathophysiology is

1-tangled protein

2-lewy bodies

3-dead neuron cell

This is lewy body dementia not Alzheimer !

36- Patient with severe depression and now he shows some improvement with therapy , the risk of suicide now is:

- a) No risk
- b) become greater
- c) Become lower
- d) No change

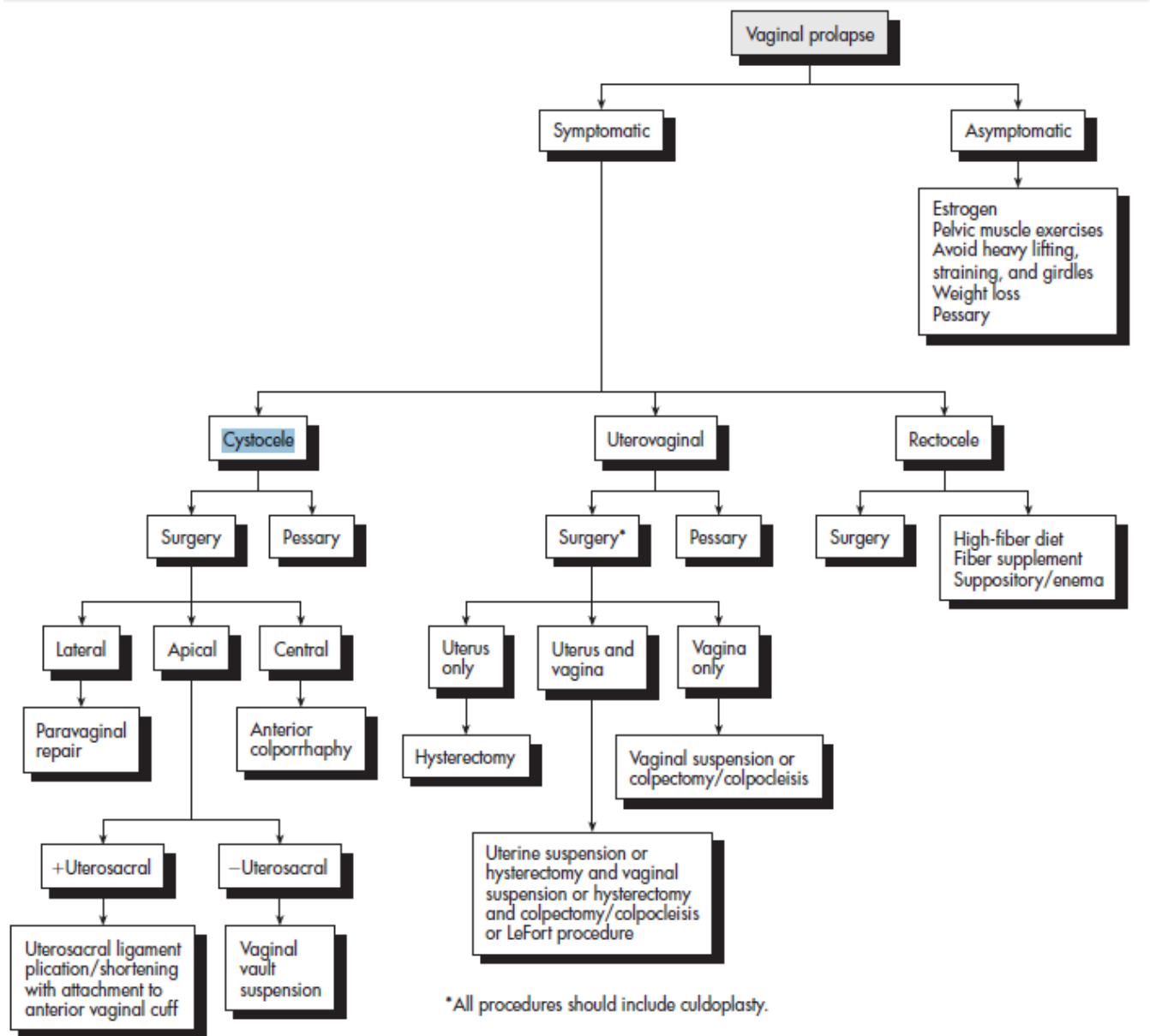
37- Patient complaint of loss of association and circumstantiality , neologism and flight of idea the defect in

- 1- Form
- 2- content
- 3- quality

38- long scenario female G6P6 complain of frequency , urgency micturation , after examination and investigation, patient has cystocele , weak pelvic muscle , treatment

- 1- kegal exercise
- 2- surgery
- 3- phenolphthalein

The patient is symptomatic now, you can choose surgery to repair that or do pessary ..



39-year-old female 25 years old, using low-dose of contraceptive came to you complain of amenorrhea, fatigue, weakness, nausea, by examination cervix was cyanotic and uterus large, diagnosis

1-side effect of oral contraceptive

2-early pregnancy

3-ovarian failure

40-which of the following drug not used by WHO for leprosy

1-rifampicin

2- colchicine

3- clofazimine

4-dapson

41- adult male complain of buttock pain , lower backpain and stiffness specially in early morning which improve with activity and during day ,diagnosis

1-rheumatoid arthritis

2-osteoarthritis

3-anklosing arthritis

4-RF

42-aerobic exercises is

1-decreased HDL

2-NO effect on central obesity

3-increased metabolic rate

43-infant has muscle wasting and subcutaneous loss and loss of weight , diagnosis

1-nutritional dwarfism

2-marasmus

3-kwashiorker

44- case about self breast examination(picture)

1-need to mirror

45-patient brought to emergency, without pulse , BP 80/60 and ECG finding



1-VF

2- torsades de point

3-PEA

46-female planning to become pregnant , she received varicella vaccine , what ur advice

1-no contraindication

2- routinely used

3- after 1-3 safe to became pregnant

Avoid pregnancy for 3 months after vaccination ..

47- after car accident , patient brought to ER , the GCS was E4M5V4

a-open eye spontaneous, localized pain and confusion

b- open eye spontaneous, obey order , confusion

c- open eye to pain , localized pain, confusion

48- patient has genetic colorectal cancer , which of the following

Reduce the risk of cancer

1-folic acid

2-vit. D

3-vit.C

4-vit.E

49-long scenario 20 years female, complain of amenorrhea ,obesity ,hair growth in her face , after investigation ,the blood glucose and LH was high, diagnosis

1- cushing disease

2-Cystic ovary

3- GTT

50-female complain of infertility , investigation done ,every things is normal only FH and LH is high , treatment

a-gonadotropin releasing hormone

b- danazol

c-clomid

51-patient 60 years old complain of sever sudden headache by examination patient has neck stiffness, and decreased level of conscious

1-SAH

2-magirain

3-meningitis

52-which of the following drug case small pupil

1-codeine

2-opioid

53-adult patient complain of urgency ,frequency dysuria , hematuria, leukocyte esterase is positive

1-carcenoma of bladder

2-renal colic

3-UTI

These questions that I can remember. The rest of the 17 questions I can not mention them and, of course, was difficult

don't forget to pray

تُياتي نكي بتنفيق

6 - 10 – 2012

I recall 63 of 70 Qs . About 10 Qs were repeated mainly from 3rd edition . Exam contains all categories of levels starting from easy simple Q to hardest one but usually solving easy and intermediate in addition to repeated Qs are enough to pass as you should answer 32 (45 %) of 70 Qs . Each branch has its own percentage , for example ; Women health occupies 16% of total Qs . For more information about percentage of each branch , refer to SCHS website .

Here I mark answers with red lines and yellow shadow as I selected them in exam , so they are not completely correct . I tried to write explanation with sources as possible as I can . You can depend on Dermatology answers as I answered correctly 3 of 3 Qs and chronic diseases as I answered correctly 9 of 10 Q's . Best wishes for all colleagues would examine SLE or Prometric and special thanks for “ Studying SLE together “group as it is important source of Qs .

N.B : Qs and answers are human made , so may you find mistake in typing , recalling , or answers but I tried my best effort to clarify each point. What I want is Just make Doa'a “pray “ for me .

1) Role of Acupuncture in pain management :

- a) Acute treatment for acute disease
- b) Chronic treatment for acute disease
- c) Acute treatment for chronic disease**
- d) Chronic treatment for chronic disease

2) Female patient has UTI and you would tell her about characters of urine that decrees / prevent UTI :

- a) High urea, high PH, ? osmolality
- b) Low urea , high PH , ? osmolality
- c) High urea , low PH , low osmolality**
- d) low urea , low PH , low osmolality

High or low osmolality of urine, high concentration of urea and presence of organic acids and acidic pH are inhibit bacterial growth ..

3) Child came with palpable red rash over legs and arms , not bleachable, arthritis , abdominal pain , stool is positive for blood . what is diagnosis ? Same picture are attached



a) HSP

4) macule , papules, pustule , vesicular , rash
over chest and face is feature of :

a) **Varicella zoster**

b) 6th disease

its progress macule to papule to vesicle then begin to crust ..

5) 20's patient with red lesion on her face .she said that since birth . What is your management :

a) Topical steroid

b) Systemic steroid

c) Antifungal

d) **Leaser**

6) On eye exam , there are exudates , hemorrhage . Which of the following infectious agent is responsible :

a) **CMV**

b) Toxoplasma

c) Herpes

7) Patient with 2 week history cough , mild fever . On CXR : **round shadow** with Cresentic shape around it " I'm not sure about exact scenario " :

a) TB

b) **Aspirgelloma**

c) Brachochatesis

d) Absecess

8) You notice that many travelers patient came to you with cough , fever , and headache . Lab investigation showed elevated liver enzyme and hyponatremia.

What is the your main line to prevent disease :

- a) Water sanitation
- b) air flow control withetc
- c) Air sanitation withetc
- d) Food sanitation

EXPLANATION : Legionella pneumophila : Middle to old age. Local epidemics around contaminated source, e.g. cooling systems in hotels, hospitals. Person-to-person spread unusual. Some features more common, e.g. headache, confusion, malaise, myalgia, high fever and vomiting and diarrhoea. Laboratory abnormalities include hyponatraemia, elevated liver enzymes, hypoalbuminaemia and elevated creatine kinase. Smoking, corticosteroids, diabetes, chronic kidney disease increase risk.

Source : Davidson

Legionella :

transmitted by air flow conditioner and presented with atypical pneumonia, diarrhea , cough , elevated liver enzyme and sometime with hyponatremia with hypomagnesaemia ..

Dx by: urine antigen ..

Tx: Macrolide, doxycycline ..

9) Adolescent present with bilateral hearing loss .What is the probable cause :

- a) Bilateral myringitis
- b) Zinc deficiency
- c) MG deficiency

10) When you assess hearing test in child ; bone conduction will be :

- a) Twice longer as Air conduction
- b) Same as air conduction
- c) 50 % longer as air conduction
- d) 200 % longer as air conduction

In normal hearing: air conduction twice as long as bone conduction

With conductive hearing loss, bone conduction sound is heard longer than or equally as long as air conduction ..

With sensorineural hearing loss, air conduction is heard longer than bone conduction in affected ear, but less than 2:1 ratio ..

11) You would tell pregnant lady about varicella vaccine in pregnancy : same repeated Q and the correct answer is :

Avoid pregnancy 1-3 months after vaccination

12) Female patient with discharge and culture showed gram negative diplococci .what is the causative organism : same repeated Q and the correct answer is :

Gonorrhea

13) Infant presented with oral white plaque . his past history is positive for neonatal conjunctivitis treated by systemic antibiotic. what is your treatment : same repeated Q and the correct answer is :

a) Oral nystatin

b) Antibiotics

c) Antifungal

d) Steroid

Candida treated by oral nystatin and you can use other topical antifungal ..

14) Longest scenario you will be ever seen ; about 10-15 lines and each answer 2 lines . Briefly : old man known case of DM , HTN on medication complain of syncope when he playing with his grandson associated with sweating . It is rapid onset and rapid recovery .His daughter said that her father completely normal regarding his mental and behavior status . Past history of medical admission couple of months under indication of shortness of breath / chest pain which was completely normal . On examination : Vital signs are stable including normal BP, Ejection systolic murmur over left sternal border :

a) Decrease dose of antihypertensive to 5 mg (it was one drugs of diuretics and the dose is 10 mg) as well as DM medication

b) Admit to hospital to cardiac series / investigation

c) Order Immediate ECG

d) Reassure him that this syncope due to effect of DM on autonomic nervous system

EXPLANATION : aortic stenosis has triad of syncope , Angina and shortness of breath . Patient well controls on hypertension and DM medication so no need to decrease dose. It is cardiac syncope which characterizes by rapid onset rapid recovery and need investigation for Aortic stenosis by cardiologist

15) A child presented with yellow brown caries over ? what is your advice :

- a) Fluoride supplementation
- b) Diet modification**
- c) Antiseptic lotion
- d) Antibiotic

16) Patient hears noise in quiet place at the night . what is he complain of :

- a) Otitis media
- b) Otitis externa
- c) Otosclerosis
- d) Tinnitus**

17) Child with chronic otitis media for 1 year .On examination TM is dull and enlarged adenoid .Beside adenoidectomy , what you do also :

- a) Myringotomy
- b) Tube insertion**
- c) Tonsillectomy

This case of Otitis media with effusion and adenoid hypertrophy, surgical treatment are :

adenoidectomy with tympanostomy tube ..

The goal of placement of tympanostomy tubes is to aerate middle ear space and prevent accumulation of middle ear inflammation and effusion ..

18) Someone lost person presented with depressed mood, sad and sleep disturbance for 2 months. What is your diagnosis

- a) bereavement**
- b) Depression

This is because grief of losing a loved one and become normal grief or more complicated grief ..

19) Patient on Amitriptyline .what is potential side effect :

- a) Weight gain
- b) Hyperpigmentation
- c) Salivation
- d) Dystonia

20) Adolescent complaint of witness syncope when he was standing behind Post office . It lasts 4 min and he feeletc .What is diagnosis

- a) Out of control ! something like this
- b) Silent heart attack
- c) TIA

21) Chronic pain ignorance / neglectnce form doctor . what would be result in :

- a) Conversion
- b) Anxiety

22) Postmenousal women with hot flush and mild vaginal atrophy/dryness .Which of the following occur as result of postmenouse :

osteoporosis

23) A 74 old man present with hip pain that increase with walking and disturb his sleep : what is the diagnosis :

- a) Osteoarthritis
- b) Osteoporosis

24) Old patient came to your clinic for follow up . she notice that she has pain on her foots , hands .On examination ; Joints are swollen , tender on touch , red .What is your diagnosis

- a) Rheumatoid Arthritis
- b) Anklysiong spondylaitis
- c) Osteoarthritis

25) Female patient came with rash under breast fold . beside lotion, what you will prescribe for her :

- a) Steroid local
- b) Antibiotic
- c) Antifungal

26) 23 old nullipara with regular menstrual bleeding presented with discharge of clear fluid from her nipple . Otherwise everything is normal. What is the next step :

a) MRI brain

b) Prolactin assay

27) On second day postoperative patient complain of shortness of breath . On Examination JVP distended , murmur of Tricuspid regurgitation , no lower limb edema. Which of the following will prevent it to occur

a) Anticoagulation

b) Nero-axial anesthesia

c) Bed rest

28) Which of the following is TRUE regarding Anorexia Nervosa :

a) It is more common than Nervosa bulimia

b) Absence of 2 menstrual cycles are diagnostic

c) It occurs exclusively in adolescent and early adult female

d) Refuse to main body above normal is diagnostic criteria

29) Para 2 women planed with her husband to avoid pregnancy during next 3 years. She doesn't like to use IUCD neither OCP. Which of the following statement is correct regarding Transdermal contraceptive :

a) It is less effective than OCP /IUCD

b) It is easy to forget changing it

c) Rate of pregnancy is more than 1:10000

d) It predispose to coagulation more than OCP/IUD

30) Which of following is correct regarding IUD :

a) It may aggravate vaginal bleeding

b) It can be insert in presence of pregnancy

31) Which of the following NSAID's given twice a day

a) Ibuprofen

b) Piroxicam

c) Indomethacin

d) Naproxen

32) Patient with scoliosis. You will refer him to orthopedic specialist when the degree is :

- a) 5
- b) 10
- c) 15
- d) 20

33) Few days after Patient discharged from hospital his serology is positive for Hepatitis C. What is your action :

- a) Isolation of patient (the only choice involves dealing with blood)
- b) Water
- c) Nutrition

EXPLANATION: Case of hepatitis C which transmit by parental route more than sexual route. Notice that in Hepatitis B opposite occur. No Feco-oral or contact transmission occur in Hepatitis B (Hepatitis B and only one is DNA) , Hepatitis C (Flavivirus RNA) , Hepatitis D (Incomplete virus RNA) . Hepatitis A caused by enterovirus (RNA) and Hepatitis E caused by Calcivirus (RNA)

34) Patient with dehydration drink large volume of water and then present to hospital with signs of dehydration. Lab shows hyponatremia, mild hypokalemia, hypochloremia. What is your INITIAL fluid :

- a) NS
- b) Mannitol
- c) Dextrose 5%
- d) Dextrose... %

35) Dehydrated child given IV fluid and vomiting, Nausea improved but still anorexic. What you will advise his mother regarding types of food should be given now :

- a) Rice, apple juice, potato?? every choice contain 3-4 types of food

advise her BRAT diet (banana, rice, apple sauce , toast) you can advise her add yogurt or chicken and milk ..

36) Patient takes Anticoagulation. Which of the following food interact with it :

- a) Avocado
- b) Spanish

EXPLANATION:
 The current daily value (recommended dietary allowance) for vitamin K is in the range of 65 to 80 microg/day. This amount is easily exceeded by the ingestion of one serving of green leafy vegetables (eg, one-half cup of frozen spinach contains >500 micrograms of vitamin K). Other sources of vitamin K (eg, multivitamins, dietary supplements, herbal products) may also affect the degree of INR control. Source UpToDate

Food name	Serving size	Vitamin K (micrograms)
High level vitamin K foods		
Kale, frozen (cooked or boiled, drained)	1/2 cup	570
Kale, fresh, (cooked or boiled, drained)	1/2 cup	530
Spinach, frozen (cooked or boiled, drained)	1/2 cup	514
Spinach, raw	1 cup	150
Collard greens, frozen (cooked, drained)	1/2 cup	530
Turnip greens, frozen (cooked, drained)	1/2 cup	425
Brussels sprouts, frozen (cooked, drained)	1/2 cup	110

37) Patient has watery diarrhea .Microscopic examination shows Flagellated protozoa. What is the mechanism of diarrhea :

- a) Cover intestinal wall
- b) Prevent water absorption
- c) Increase water secretion

EXPLANATION: Giardia: Trophozoites are pear-shaped, binucleate, multi-flagellated parasite forms capable of division by binary fission. Since Giardia is not an invasive organism, the pathogenesis of diarrhea and malabsorption that can occur in giardiasis is not fully understood; diarrhea may be a result of both intestinal malabsorption and hypersecretion. The small intestine is the site of the major structural and functional abnormalities associated with giardiasis. Light microscopy may demonstrate no abnormalities, mild or moderate partial villous atrophy, or subtotal villous atrophy in severe cases. An increase in crypt depth may be seen, and microvilli shortening or disruption may occur. Deficiencies in epithelial brush border enzymes, such as lactase, may develop. Source: UpToDate

38) In Anemia of chronic disease , which of the following would be found :

- a) High Iron , High TIBC
- b) High Iron , Low TIBC
- c) Low Iron , low TIBC**
- d) Low Iron , High TIBC

EXPLANATION: Choice D occur in Iron deficiency Anemia

39) Patient with history of biliary colic presented with cholecystitis and found that he has multiple stone in gallbladder .Lab show Serum bilirubin and amylase are elevated. Now every all investigation are normal and no obstruction of gallbladder neither dilated common bile duct .What is your management :

- a) ERCP
- b) Cholecystectomy**

EXPLANATION : No need for ERCP in presence of normal not dilated CBD

40) Non obese female can't take sulfonylurea or metformin . What is the drug of choice for her :

- a) Insulin
- b) Thiazolidinediones**
- c) Glipizide
- d) Meglitinides

41) Known case of penicillin allergy with active rheumatic fever involving valve . What is the drug of choice :

- a) Oral Doxycycline

b) IV Vancomycin

c) Cephalosporin

<http://circ.ahajournals.org/content/119/11/1541>

42) A 65 year old man with history of stroke 5 years ago with behavioral change that he becomes aggressiveetc . where is the site lesion in the brain :

a) Occipital Lobe

b) Frontal Lobe

c) Temporal Lobe

d) Parietal Lobe

EXPLANATION : Frontal lobe = Social behavior and personality .

Temporal lobe = smell

Occipital lobe = vision .

Source : Davidson 20th ed page 1152

43) Patient with long term history of GERD develop Barrett's esophagus. What is cancer most likely will develop :

a) Squamous cell carcinoma

b) Adenocarcinoma

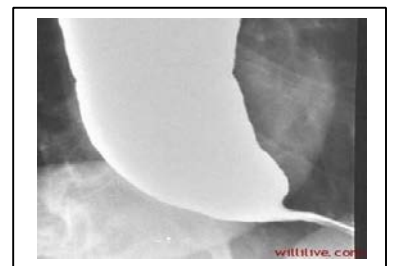
44) Young patient with history of dysphagia for solid and liquid for 6 month " Same picture of Barium swallow attached " .

What is diagnosis:

a) Achalasia

b) GERD

c) Cancer/ Malignancy



45) Old patient came to ER complain of tachycardia . Vital signs show : BP 80/50 , PR 140 . 2 strips of ECG attached ; one of them is regular rhythm , narrow QRS complex and second one is irregular rhythm narrow QRS complex and P wave present . What is diagnosis

a) SVT

b) AF

c) WPW

d) Complete heart block

46) Known case of DM present with calf pain during walking . On examination : week peripheral pulse , cold and absent hair over legs .What is your diagnosis :

a) Peripheral arterial disease

47) Which of the following is TRUE regarding specific phobia :

a) Psychotherapy is main line of treatment which has high success rate

b) Treated by beta-blocker.....

48) Postmenopausal women on estrogen therapy notice that urine pass when she laugh , change position . On examination there are laxity of ligaments and urine pass with Valsalva maneuver . What is you management :

a) Kegel exercise

b) Periurthral bulking

I think A true

49) Drug Induce ovulation :

a) Spironolactone

b) Clomiphene

50) Patient discharged from hospital on double wall / lumen Trachostomy .What its advantage :

a) Easy to insert

b) Strong

c) Prevent incidental canalucuation

51) Which of the following burn need immediate transfer :

a) 12 cm painful burn close to shoulder

b) 5 cm painful burn in chest

c) 0.5 cm painless burn in face

d) Fourth choice about painful pain

3) 30 burns/full thickness >5% TBSA in patients any age

burns associated with major trauma

underestimated 7)

Source : TORONTO NOTES

52) Patient with history of sexual relationship present Painless ulcer with elevated margins. Inguinal lymph nodes enlarged :

a) Granuloma Inguinale

b) Syphilis

53) A 55 old man present with dyspepsia .Upper GI series done and show Mass. What is the next step

a) Laporatomy

b) Endoscopy

c) CT scan

54) In outbreak of TB ; patient shows negative PPD . how to prevent TB :

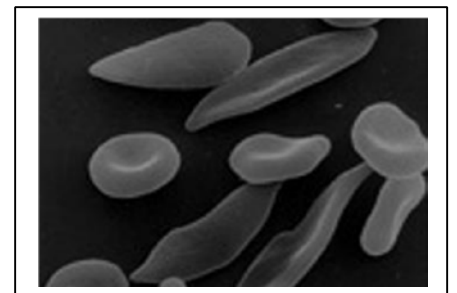
a) Rifampicin

Latent TB infection without evidence of active TB on chest X-ray which called "Latent TB"

55) Child presents with hand and foot pain .

What is diagnosis : "Same picture attached "

a) Sickle cell Anemia

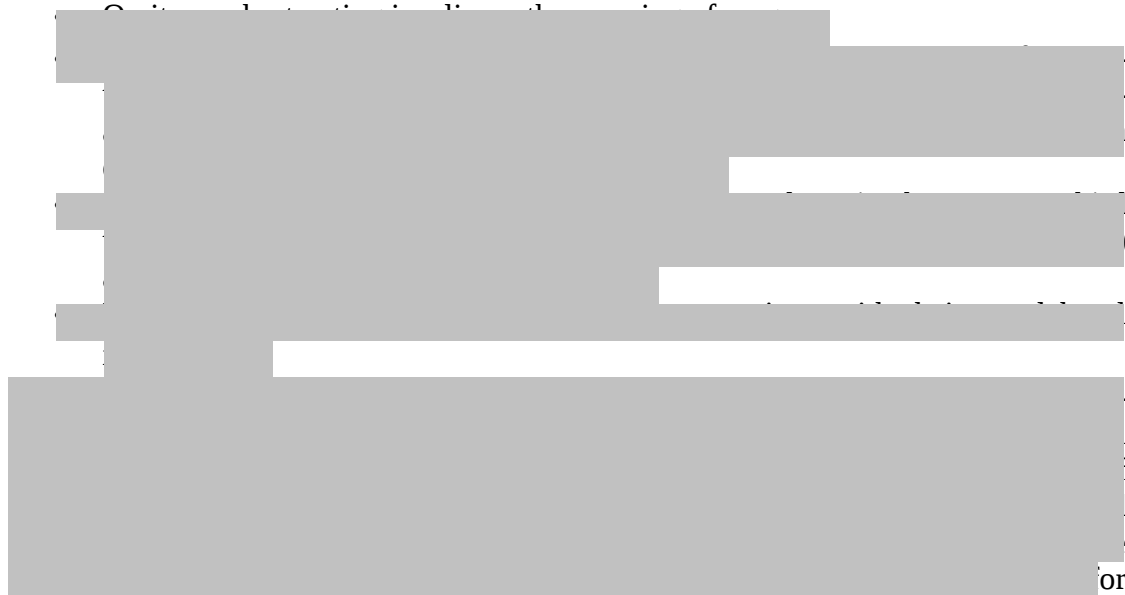


56) Repeated Q about patient with known case of Sickle cell anemia present with upper respiratory tract infection . . asking for Prophylactic penicillin

57) DM patient scheduled for elective surgery at the morning .He is fasting from midnight .Which regime you will give him :

- a) Half dose at the morning
- b) Half dose at morning and half dose at the midnight
- c) Usual insulin dose
- d) Omit the scheduled surgery dose

EXPLANATION : Some clinicians switch their patients taking long-acting insulin (eg, glargine) to an intermediate-acting insulin one to two days prior to surgery because of a potential increased risk for hypoglycemia with the former. However, if the basal insulin is correctly calibrated, it is reasonable to continue the long-acting insulin while the patient is NPO and on intravenous dextrose. There are no available data to support one approach over the other. It may be prudent to reduce the night time (supper or HS) intermediate-acting insulin on the night prior to surgery to prevent hypoglycemia if the patient has borderline hypoglycemia or "tight" control of the fasting blood glucose. Basal metabolic needs utilize approximately one half of an individual's insulin even in the absence of oral intake; thus, patients should continue with some insulin even when not eating . This is mandatory in type 1 diabetes to prevent ketoacidosis. **Timing of procedure** : For minor, early morning procedures where breakfast is likely only delayed, patients may delay taking their usual morning insulin until after the surgery and before eating. For patients undergoing morning procedures where breakfast and possibly lunch are likely to be missed or for surgeries that take place later in the day:



more precise glucose control. Source : UpToDate

or

58) Patient with malaria . smear shows blue inclusion !!? ? :

- a) Falciparum

- b) Ovale
- c) Malarie
- d) Vivax

59) Patient with DM II and wear glasses . When he should follow for eye complication :

- a) 6 months
- b) 12 months**
- c) 5 years

60) Which of the following is most accurate mode of transmission of HIV in pregnancy

- a) Transplacental
- b) Cord
- c) Contaminated
- d) Breast feeding**

61) Which of the following will increase chance of UTI :

- a) From back to front wiping**

62) Patient has COPD on B agonist shows 13% improvement .What you will add :

- a) Aminophylline
- b) Steroid**

63) Patient has cervical osteoarthritis with restricted movement of neck . No radiculopathy pain . how to manage him :

- a) Analgesia / NSAID's**
- b) Splint
- c) Surgery
- d) Rest

10-4-2013

- 1) Long scenario about Herpes Zoster. It started with patient had cough fever and rest of pneumonia symptoms. Then he took antibiotics. All there to confuse. At the end he developed typical HZ rash on chest spreading towards back but not crossing the mid line. A similar picture to this one was there.
- A- It is due to drugs
 - B- Give antibiotic
 - C- antiviral therapy



Shingles ©ADAM

- 2) A sexually active female do not use protection. What increases the risk of UTI?
- A- Sanitary napkins
 - B- back to front wiping
 - C- diaphragm contraceptive
- 3) 14 year old asthmatic boy, only on albuterol inhaler, is a member of school athletic team. He came to your clinic for fitness evaluation. What question you'll ask to know how well is the disease controlled by single inhaler.
- A- How is your performance as compare to your team mates?
 - B- Are you using inhaler more these days?
 - C- Are you coughing while sleeping?
 - D- Are you coughing while eating?
- 4) Female with multiple sex partners developed genital warts on Labia & perianal region. What other medical condition is related to same causative organism?

A- Cervical Cancer

- 5) You need to prescribe phosphodiesterase 5 inhibitor. Which drug you will be concerned about?

A- Nitrates

Its contraindicated in patient receiving nitrates ..

- 6) You are prescribing medication for smoking cessation, what will you inquire about?

A- Seizures

- 7) 14 years old girl complaining of painless vaginal bleeding for 2-4 days every 3 weeks to 2 months ranging from spotting to 2 packs per day; she had 2ry sexual ccc 1 year ago and had her menstruation since 6 months on clinical examination she is normal sexual ccc, normal pelvic exam appropriate action

A- OCP can be used

B- **You should ask for FSH and prolactin**

C- If pregnancy test is negative and urine analysis negative so it is not illness

This secondary amenorrhea :

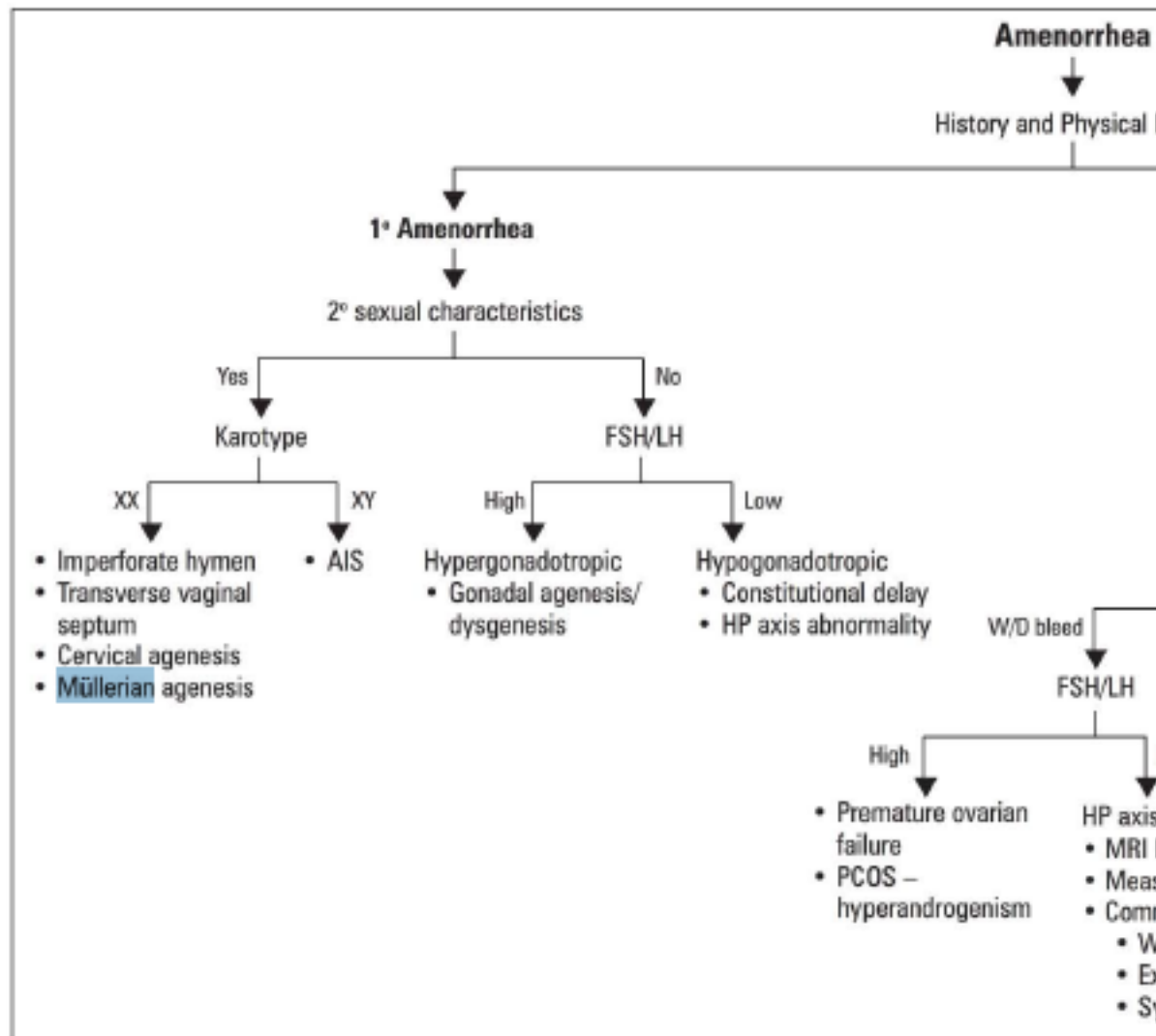


Figure 9. Diagnostic Approach to Amenorrhea

- 8) 6 year old boy with HBsAG. His mother has HBV he did not receive any vaccination except BCG he should take :
- A- DPT+HiB+MMR+OPV
 - B- DPT+HiB+MMR+HBV+OPV
 - C- DPT+HiB+MMR+OPV
 - D- DPT+HiB+MMR+OPV+HBV
- 9) Patient presented with sensation of lump in neck. No dysphagia. No symptoms at all. Esophageal endoscopy showed no abnormality. Thyroid was normal. What could be the diagnosis?

- A- Esophageal Cancer
- B- Pharyngeal diverticula
- C- Globus pharynges

10) Another similar question. Sensation of lump in neck. No dysphagia no blablabla only irritation/pain while swallowing saliva.

- A- Tonsillitis

11) Child with UTI

- A- Klebsela
- B- e.coli
- C- pseudomonas

12) Itching in vagina with cheesy discharge

- A- Chlamydia
- B- Candidiasis
- C- Trichomonas

13) 3.5 years old. Enuresis. What will you tell the parents?

- A- Reassure
- B- Use star chart
- C- Use star chart + Moisture Alarm
- D- Use star chart + Moisture Alarm + Desmopressin

14) Old patient. Hematuria. Passing red clots. Flank pain

- A- RCC
- B- Testicular Carcinoma
- C- Cystitis

To remember classic triad are: hematuria, abdominal mass, flank pain ..

15) Pregnant lady. GTT showed diabetic

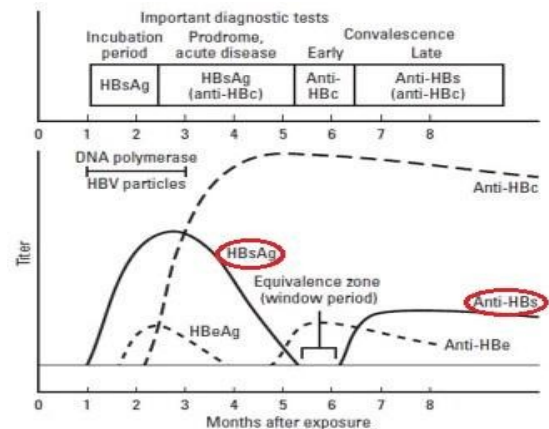
- A- Biguanide
- B- Prepare insulin management

16) Calcium oxalate stones. Management:

- A- Increase dietary Calcium
- B- Decrease dietary Calcium
- C- **Drink more water to dilute urine**
- D- decrease some other thin in diet starting with M

17) Graph of Hepatitis B markers. They asked to identify two markers. One which ends right before window period. Other which appears after window period.

(HBs-Ag and Anti-HBs)



18) X-Ray abdomen + pelvis to diagnose

- A- Lumbosacral spondylitis
- B- Normal
- C- **Osteoporosis**

X-ray طبعا في صورة

19) Gardener has recurrent conjunctivitis. He can't avoid exposure to environment.

In order to decrease the symptoms in the evening, GP should advise him to:

- A- **Cold compression**
- B- Eye irrigation with Vinegar Solution
- C- Contact lenses
- D- Sleep in air conditioned room.

20) Scenario about eye discharge pain photophobia not improving with applying patch, fluorescence stain showed dendritic ulcer

- A- Corneal abrasion

B- corneal laceration

In Herpes simplex keratitis seen dendritic ulcer and geographical ulcer ..

21) While colon cancer resection you aggressively want to save anal sphincter. While doing so u can complicate it by joining inadequate margins with

A- Anal leakage

B- Recurrence of Cancer

C- Intestinal Obstruction

22) 100 patients on carbamazepine. After two years you check how many of them have hyper lipid. This study is

A- case-control

B- retrospective cohort

C- prospective cohort

D- cross sectional study

23) Acne Rosacea. On treatment. For cosmetic purpose:

A- More sunlight exposure

B- Fluorescent (Topical something)

24) Pregnant lady have this disease before. She has low immunity to it. Now exposed again. Some neighbor has it.

A- Chicken Pox

B- Rubella

25) Scenario of mumps in 5 years old. (Diagnosis not mentioned). Complication?

A- **Orchitis**

Meningitis

26) Male, with history of unprotected sex with unknown woman. Gram negative diplococcic. With picture of his penis showing discharge.

A- N. Gonorrhea

27) Ting in sclera. Keyser-Fleischer Ring

A- Penicillamine

28) Patient does not have TB. Outbreak of TB

A- BCG Vaccine

B- Rifampicin

C- H Influenza Vaccine

29) In small community, dirty water, poor hygienic people. Socially low area. Which hepatitis is common?

A- A

B- B

C-

C

D- D

30) Patient had pelvic surgery. Now have DVT. Mechanism?

A- Platelet Thrombus

B- Static

Virchow's triad :

1- alterations in blood flow (venous stasis) ..

2- injury to endothelium ..

3- hypercoagulable state (including pregnancy, use of OCP, malignancy) ..

31) 36 or 38 week. After delivery she started to bleed from nose and other places. Cause?

A- DIC

B- Factor V Leiden

32) 52 year old lady having varicose vein in leg since her first pregnancy. Not increased. No complications. She want treat it for cosmetic reason.

A- No further treatment available

B- It will make situation worst

C- Laser treatment for saphenous

D- ____ of vein

33) 80 years old. Perfect condition. No DM. No HTN. Since last week he is having some dyspnea on walking upstairs or walking a mile on flat surface. Some murmur (crescendo-decrescendo) and lower limb edema. Friction rubs. (There were two cardiology questions. I think I am mixing scenarios. But one question was pericarditis and one was some valvular heart disease).

A- Do echo

B- Send home

C- Emergency cardiac



بحمد الله وفضله تجاوزت امتحان البرومترك الـ 2013.5.28 بدرجة 86%... وهذه اهم الاسئلة فـه اشارك بها معكم عسى الله ان تنفع بها الجـمـع... وشكر خاص لكل من ساهم فـه تطوُّر المجموعه هذه واتمنى للجـمـع التقدم والنجاح...

1-in epidemic research...a test chosen as gold stander for septicemia in 200 neonate...among 50 neonate who diagnosed with sepsis by gold standerd thes the test was positive in 35 neonate,,,among 150 neonate who diagnosed aseptic by this test ,,the test was negative in 25 neonate,,,,,what is the sensitivity of this test?

-80%

-70%

-30%

-90%

The explanation:sensitivity= $a/a+c$...(a=true positive, c= false negative)

In the Q 50 was diagnosed with sepsis by the test,,,35 of them was + test so a=35 true positive (they have the disease and +test)

$50-35=15$..so 15=c false negative(they have the disease but negative test)

So sensitivity= $35/30+15=0.7*100=70\%$

2- 2 yr old with stunting growth,yellow hair ,pot belly,irritable..diagnosis:

-zinc deficiency

-Ca+ deficiency

-protein metabolism deficiency -vit.deficiency

3-long term use of opioid associate with :

-neuropathic pain

-ischemic pain

-renal pain

-.....

4- 4month infant of 4kg wt...he on formula feeding 2 ounces /3hour....best intervention :

-increase quantity of feeding??(Not sure)

-increase frequency of feeding

- add semisolid food

-test thyroid

5- pt. with hand cellulitis and red streaks in the forearm ..there is L.N swelling in axillamost probably this cellulitis associate with **- lymphangitis (ma answer)...**

6-in subtropical area ..a man exposed to a sting then he develop adrenergic and cholinergic symptomsthe causative organism

-scorpion (my answer)

-.....

7-in sexual dysfunction .. phosphodiesterase 5 inhibitor,L-arginin. used to tt :

-male impotence

-female orgasm deficient

-female ovulation failure

-.....

8- Differentiation of patients with sleep apnea from patients with simple snoring

..use :

- Epworth scale {my answer }

-.....scale

-.....scale

strange names i cant remember them

9-pt with ear trauma since 2year presented with discharge and decrease hearing
he take several course of antibiotic without emprovement O/E..there is
perforation in the tempanic mem. And conductive hearing loss..which is the
appropriate mx:

-mastoidectomy

-topical antibiotic

-maryngoplasty

-systemic steroid

10-pt. on treatment for skin rash macules.papules,pustules and viscles whole the
body...he gave history of malaise,fever and headach one day before the
rash,,which of the following viral is most likely the cause:

-herpis simlex type 6

-EBV

-cytomegalovirus -varicella

zoster. 11-56 old pt with

history of recurrent severe

epigastric pain with

protracted emesis, the

emesis was clear no

blood...he is

alcoholic,,,O/E: he was

dehydrated ,tachycardic,

low grade fever with

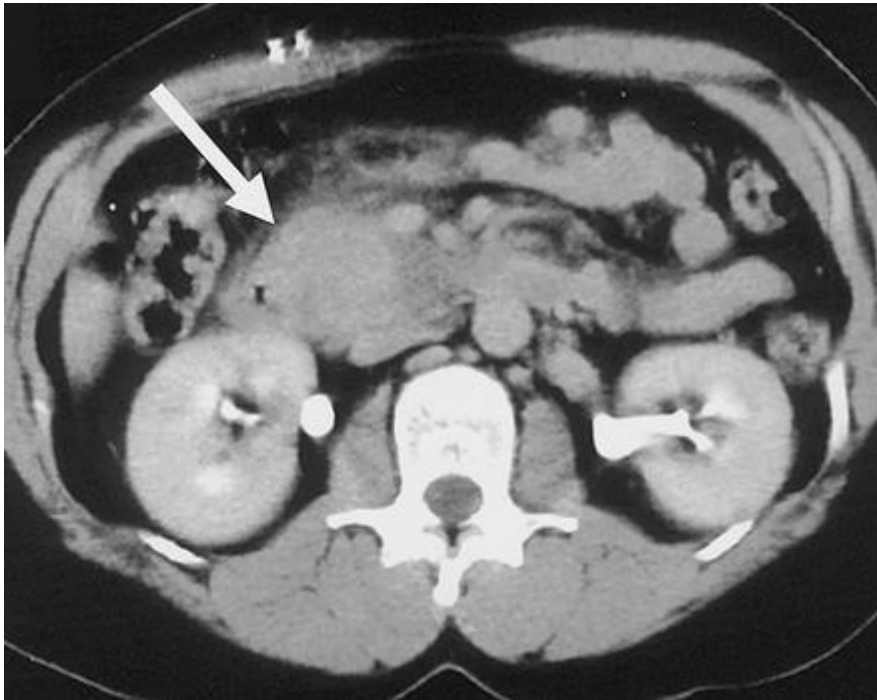
periumplical tenderness

....lab;non specific

leukocytosis,high

amylase,,CT done and

showing ,diagnosis is:



- abscess
- hepatitis
- pancreatitis
- cholecystitis

12-old women work in neonate nursery unit present with recurrent conjunctivitis
the best way to prevent this problem:

- wear gloves
- wash hands frequently
-

13- 24 yr woman c/o abdominal pain ,she gave history of absent cycle 6 weeks,US show fluid in the pouch ,aspirated and was unclotted blood
diagnosis:

- ruptured ovarian cyst

-ruptured ectopic pregnancy

14- picture of fundoscopy(look like this exactly) diagnosis:



01AEQU31 * © Phototake RM|www.diomedia.com * Fundoscopy: glaucoma. * 29 May 2013

-papillitis

-glucoma

-optic atrophy

15-in opiate overdose use which one of the following:

-diazepam

-nalaxon

-frusimide

16-py with infertility and hx of severe dysmenorrheal painmost common cause:

-endometritis

-endometriosis

-fibroid

17-in benzodiazepine overdosethe antidote:

-nalaxon

-flumazenil

-lasix

18-25 yr old women presented with nausea,vomiting, she gave hx of absent period for 2 months she use condom as contraception...what the initial investigation :

-US

-serum HCG

-laproscopy

19-long scenario about 56 yr old diabetic pt. not on treatment.....BMI 33...HbA1c 8.1

LDL,Cholestrol raised HDL low..what is the initial manangement:

-oral medication monotherapy

-start insulin

-life style modification

20-the same pt.above after 2 wks being on life style modification

HbA1c 7.8..BMI 32...LDH,Choles.decrease slightly but not return to nomal level. HDL raised near normal....what your action:

-start insulin

-continue same management

-oral monotherapy

21-Q about asthma

22-Q about COPD

23-Q about COPD

24-Patient with severe depression and now he shows some improvement with therapy , the risk of suicide now is: a) No risk

b) **become greater**

c) Become lower

d) No change

25- 26 yr old female BMI 21 ...presented depression, .dental erosion:

-anorexia nervosa

-bulimia nervosa ???

-major depression

26- 50 yr old male with +ve occult blood stool and family hx of colon ca.

The next step:

-sigmoidoscopy

-**colonoscopy**

-U/S

27- 24 yr old woman ,her Pap smear show high grade atypical epithelial cells

Wht is the next step:

-U/S

-biopsy

-colposcopy guided biopsy

-colposcopy only

28-pt. with major depression what is the first line ttt:

-SSPIs

-MAOI

-tricyclic antidepressant

29-mother brought her child with sore throat, barking like cough.

Temp.38C...irritable ,,with signs of respiratory distress...diagnosis:

-epiglottitis

-croup

-pneumonia

30-pt. presented with cold intolerance ,bradycardia, depression, constipation...most propable diagnosis:

-hyperthyroidism

-hypothyroidism

-addison disease

31-child with fever and ear pain..O/E: the tempanic membrane was red no light reflex:

-otitis media

-otitis externa

-perforation

32-pt .with LBBB,,,no abnormality in the echo...he will undergo to dental prodcesure..what is your action:

-give amoxicillin aral after

-no need prophylaxis

-give I.V ampcillin

33-Q about atopic eczema

34-Q about scapies

35-pt. with nodulocystic acne ttt:

-oral clindamycin

-isotretion

-topical

I cant remember the other Qs but in general they were not difficult ...most of them in the same topics that discussed in Umm al qura but different scenario....

↓
Wish the best for you

Hassan Arishi – Jazan University

I tried to remember as much as I can, I hope it will be helpful

1- Mitral stenosis:

a- Diastolic, low pitch.

2- 2ry prevention: a- Cardiac bypass graft surgery. b- Immunization.

c- Detection of asymptomatic diabetic patients.

3- Patient with anemia, low MCV, and low MCH:

a- Iron deficiency anemia.

4- Patient has depressed mood since 3 months due to conflict in his work, ttt: a- SSRI

b- Supportive therapy (sure I get 5/5 in psych).

5- Patient with postpartum depression on treatment, what is the best thing to add in ttt:

a- Include the family in treatment. (sure)

6- Warning symptoms in pregnant lady:

a- Vaginal bleeding

7- 1 month child with vomiting, abdominal distension, and constipation since birth, next step in diagnosis:

a- Digital rectal examination

8- Child with nonbilious vomiting and abdominal distension. On exam. Small mass in epigastric area. Xray shows double bubble:

a- Pyloric stenosis

9- Old patient with deep hip pain increase with movement and at the end of the day:

a- Osteoarthritis.

10- Patient with h. pylori, ttt:

a- Omeprazol, amoxicillin, clarithromycin

- 11- Female want to know about her height ,, you told her that her height will stop after
a- 36 MONTHS
- 12- Patient with dysphagia, ptosis, and double vision , his disease is due to;
a- Antibodies to acetylcholine receptors.
- 13- Patient with HTN, CT abdomen shows multiple cysts in kidney:
a- Polycystic kidney disease
- 14- The most common cause of 2ry HTN:
a- Renal artery stenosis
- 15- Which of the following associated with chronic diarrhea:
a- Hyponatremia b- Hyperkalemia c- Mg deficiency
d- Metabolic alkalosis
e- Hypercalcemia
- 16- The common cause of immediate death in burn injury:
a- Inhalation injury
- 17- Neck mass move with deglutition:
a- Thyroglossal cyst
- 18- Elderly patient known case of AF came with abdominal pain , and bloody stool,
What is the diagnosis:
a- ischemic mesentery
- 19- pt with ARDS had pneumothorax...what do you think the cause:
a- Lung damage
- 20- About cardiac syncope:
- 21- Which of the following is part of teratology of falot:
a- VSD
- 22- In child sleep with milk bottle in his mouth, the most common complication is;

- b- Dental cries
- a- Aspiration pneumonia
- 23- Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles , EMG showed cubital tunnel compression of the ulnar nerve , what is your action now :
- a- Ulnar nerve decompression
- 24- Child with high fever, cough, stridor, and drooling of saliva, next step:
- a- Give oral Abx and send him home b- Give oxygen c- Obtain throat culture
- d- Admit in ICU and contact an ENT doctor
- 25- what vitamin you will give to prevent hemorrhagic disease of newborn :
- a- Vit k
- 26- About relative risk:
- 27- A case of hypothyroidism on thyroxin, still complaining of weight gain, cold intolerance, and constipation, TSH high, what you will do;
- a- Increase the dose of thyroxin and measure TSH after 6 weeks
- 28- 11 months boy with sickle cell anemia, regarding pneumococcal vaccine:
- 29- OCP associated with:
- a- Decrease risk of ovarian cancer
- 30- Classic Hx of gout:
- 31- Benign tumors of stomach represent almost :
- a- 7 %
- 32- Which of the following suggest benign thyroid mass rather than malignant; a- Attachment to the skin b- Lymphadenopathy c- Hard in consistency
- d- Multiple thyroid nodule
- 33- Old female with osteopenia ,fear from desk compression and fracture : a- Vit.D
- b- Weight reduction ??
- c- Weight bearing exercise

34- Patient with dry eye, you give him drops for lubrication, your advice:

a- One drop in lower fornix (sure 3/3 in ophtha)

35- man fall down from ladder .. O/E:he almost not breathing ..cyanosed , no breath sound, although Rt side of his chest in hyperresnoant.. your action now is:

a- Rt pneuoectomy b-
Intubation ???

c- Tube thoracotomy.

36- clavical fracture in infant:

a- Usually heal without complication

b- Usually associated with nerve injury c-
Need figure of 8

37- Facial nerve when it exits the tempromandibular joint and enter parotid gland it passes:

a- Superficial to retromandibular vein and ext. carotid artery

38- adolescent with asymptomatic hernia :

a- surgical is better than medical ttt.

39- the wound stay in early inflammatory phase until :

a- epithelial tissue formation ??
b- angiogenesis c- the wound
steril ??

40- pt after tanning bed he developed blanchable tender erythema and there is no blister :

a- Prodromal

b- 1st degree

41- recognised feature of hiatus hernia :

a- increase with pregnancy

42- a child swallow battery, imaging show that it's in esophagus, your action?

43- Aout dT in pregnancy :

a- dT is not contraindicated during pregnancy

- 44- side effect of atropine:
- 45- Sickle cell patient , 11 month old, what is true about pneumococcal vaccine :
- 46- Which of the following not a live vaccine:
- a- Hep.B
- 47- Pregnant lady with gestational diabetes, what your action: a- Repeat investigation
- b- Diet modification
- c- Start on insulin
- 48- 17 years old , she missed her second dose of varicella vaccine the first about 1 y ago what you'll do:
- a- give her the second dose only
- 49- rubella infection during pregnancy what will do
- a- no treatment
- 50- 28 years old diabetic female who is married and wants to become pregnant. her blood glucose is well controlled and she is asking about when she must control her metabolic state to decrease risk of having congenital anomalies:
- a- before conception
- 51- regard obstructed labour:
- a- caput and moulding are known signs
- 52- regarding antepartum hemorrhage;
- 53- regarding spontaneous abortion:
- 54- child with gowers sign, to diagnose:
- a- muscle biopsy
- 55- Young patient with decreased hearing and family history of hearing loss, ear examination was normal Rene and Weber test revealed that bone conduction is more than air conduction, what would you do?

- a- Tell him it's only temporary and it will go back to normal. b- Tell him there is no treatment for his condition. c- Refer to audiometry.
d- Refer to otolaryngeologist (sure 3/3 ENT)
- 56- Best investigation for sinusitis:
a- CT (sure)
- 57- Painful loss of vision:
a- Acute glaucoma (sure)
- 58- what is the best management for binge eating disorder:
a- cognitive behavioral therapy (sure)
- 59- the most common side effect of antipsychotics :
a- weight gain (sure)
- 60- Female had history of severe depression, many episodes, she got her remission for three months with Paroxetine (SSRIs) .. now she is pregnant .. your
a- advise: Continue and monitor her depression# (sure)
- 61- pt was in the lecture room, suddenly had an attack of anxiety with palpitation and SOB, after this episode she fears going back to the same place avoiding another attack
a- Panic attack# (sure)
- 62- in epidemiological investigation best thing to do 1st:
a- verifying diagnosis
- 63- In PHC, from 50 child 10 got the disease on the 1st week, another 30 on the subsequent 2 weeks, what is the incidence of the disease in that PHC?
a- 80%
- 64- 44) About DM in KSA:
a- most of NIDDM are obese
- 65- 17 y.o, she missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do:
a- give her the second dose only

66- Female had history of severe depression, many episodes, she got her remission for three months with Paroxetine (SSRIs) .. now she is pregnant .. your advise

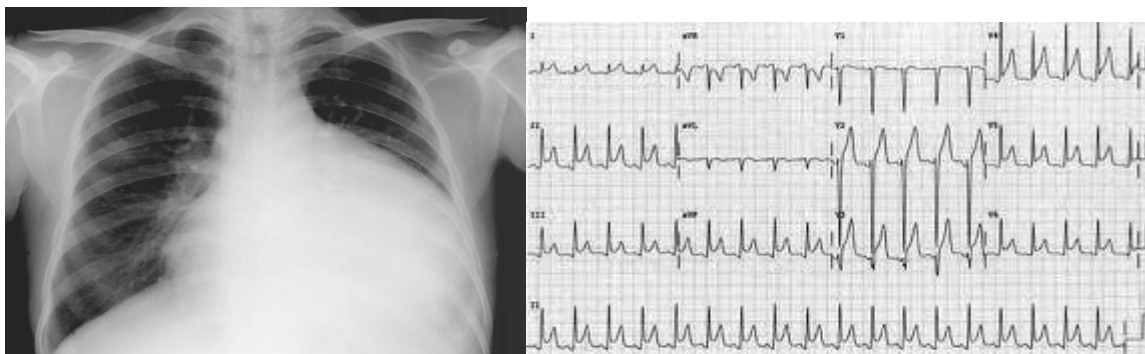
a- Continue and monitor her depression

لا تنسونا ووالدنا من صالح دعائكم
بالتوفيق للجُمِّع ف الدارن

Don't depend on most of choices or answers b/c I forgot most of them you can depend only on surgery& Emergency b/c I take full mark on both only

9-apr-2013

1- Pt. 40yrs come to hospital complain of sharp, central chest pain, exacerbated by movement, respiration, lying down with difficulty in breathing, hypotension, bradycardia, & a lot of thing long scenario the important thing that make diagnosis is the pictures (nearly to these but more smaller in exam):



A- Pneumothorax

B- MI

C- Pericarditis

D- Lung cancer

2- Known case of lung cancer before 4 yrs., last visit to doctor before 2 yrs. He had a problem in somewhere but I forgot, anyway how to best evaluate the bone metastasis:

a. MRI

b. CT scan

c. DEXA scan

d. Positron emission tomography

3- Long long long story about vegetarian female with anorexia nervosa complaining of easily fracture bone had along table of lab test all normal except (hypocalcaemia, hypophosphatemia, hypoparathyroidism) the most cause of fracture:

a. Avitaminosis,

b. Pituitary tumors,

4- Girl with amenorrhea for 6 months with body mass is 20 and stable over last 5 years. Your diagnosis is:

a. Eating disorder

b. Pituitary tumors

5- Female athletics with amenorrhea 6 months normally before and now all investigation was normal LH, FSH, TSHetc. she didn't want to give up about athlete how to manage:

a. Continues thyrotropine-releasing hormone

b. Pulsatile thyrotropine-releasing hormone

c. Continues gonadotropin-releasing hormone

d. Pulsatile gonadotropin-releasing hormone

6- Old pt. with intermittent urinary urgency, hesitancy, frequency normal in all thing (PSA normal) except in rectal exam show slightly enlarged median lobe, what is the next step:

a. No need he's normal

b. Routine PSA (prostatic specific antigen)

c. U/s

d. Cystoscopy

7- Old pt. with intermittent urinary urgency, frequency, hystansy normal in all thing (PSA normal) except in rectal exam show slightly enlarged median lobe, (Same question copy past) how to manage:

a. Propranolol

b. Trade name drugs I don't remember the rest (sure no surgical option)

8- Female complaining of tender, warm, fluctuated, (signs of abscess) on the axillae, what to do:

- a. Excisional biopsy
- b. Incisional biopsy
- c. Incisional & drainage**
- d. Antibiotic choice

9- Pt. with flu-like symptoms before 2 days, she's complaining of red eye the most



come likely Diagnosis:

- a. Viral conjunctivitis,**
- b. Bacterial conjunctivitis

10- Women with breast cancer along time ago before 10 yrs and she treated, with partial mastectomy she didn't visit her doctor last 2 yrs., complaining of headache, flashlight, on the left eye from 2 days, I forgot the complete scenario, on examination there is no evidence of cancer or metastasis, no visual loss, hypertension, what is the next step:

- a. Refer to her oncologist,
- b. Start migraine therapy,
- c. Admitted to hospital and advice ophthalmologist & oncologist,**
- d. Start hypertension therapy,

11- Child presented with black swelling 1X1 cm in inner lower lip, not tender, suddenly discovered (dental problem why I should answer it):

- a. Gingival cyst,**
- b. Tumors

12- 6 month baby with severe dehydration with hypernatremia depressed fontanel, dry doughy skin, loss turgor skin, presented with fever, vomiting, diarrhea for 2 days, management:

- a. IV hydration,**

- b. Aggressive oral hydration,

13- Child with burning sensation on hand with itching aggravated at night on morning come to hospital shows minimal size papules/macules on hand

- a. Hives
- b. Scabies**
- c. Impetigo
- d. Psoriasis

14- Child with nodulocystic acne on face with scar black dot on tip (with no picture):

- a. Topical clindamycin
- b. Topical erythromycin**
- c. Oral (forgot)
- d. Oral (forgot)

15- Pt. with HBsAg&HBeAg discovered when he's goes for donor blood with routine investigation, no symptoms:

- a. HBV DNA study**
- b. Interferon therapy
- c. Observation

16- 40 yrs. Old patient having epigastric pain for 2 days radiate to the back, fever tachycardia, hypotension, tenderness long scenario(signs of pancreatitis) what is the next step:

- a. Serum amylase and lipase**
- b. Abdominal X-Ray
- c. Abdominal CT
- d. Barium meal

17- 26 yrs. Old patient having RUQ pain for 8 HRS radiate to the Rt. shoulder, fever tachycardia, nausea, vomiting, rebound tenderness, he have the same attack before 6 month but minimal symptoms (signs of cholecystitis) what is the next step:

- a. U/S**

- b. X-Ray
- c. CT
- d. Barium

18- Child with enuresis, beside behavioral therapy advice for:

- a. Desmopressin and imipramine**
- b. Desmopressin and clonidine
- c. Imipramine and guanfacine
- d. Clonidine and guanfacine

19- Along scenario about old man he count everything step of ladder, foods, anything his eyes fall in or he do it,

- a. Obsession
- b. Delusion
- c. Alzheimer

d. Compulsive behavior

20- Female pt. with burning vulvae, on examination show dew drop on rose petal on vulvae:

- a. Herpes simplex disease ???
- b. Post-herpetic lesion (I'm sure there's nothing about chickenpox or varicella) ???**
- c. Syphilis
- d. Chancroid

21- How you can adverse the Magnesium sulfate toxicity in pre-eclampsia pt.:

- a. Sodium bicarbonate
- b. Normal saline
- c. Calcium gluconate**
- d. I.V hydrocortisol

22- Old man with fatigue & Myasthenia Gravis already diagnosed, treatment:

- a. Anticholinergic drug
- b. Immunosuppressive drug**

c. Acetyl-cholinesterase inhibitor

23- Pt. with small bowel obstruction scenario with operation on small intestine before 1 year what is the most diagnostic methods:

- a. U/S
- b. Barium enema
- c. Double contrast barium meal

d. Small bowel barium follow through

24- Old pt. 83 yrs. With rest tremor, abnormal gait, fatigue on examination shows bradykinesia:

- a. Cortical degeneration
- b. Parkinson's disease**
- c. Essential Tremor
- d. Alzheimer's Disease& dementia

25- Old pt. complaining of bilateral gradual loss of vision with normal other investigation but on eye not dilated examination shows cortical opacities on lens, Diagnosis:

- a. Cataract**
- b. Open-angle Glaucoma
- c. Retinal detachment

26- Old pt. history of D.M. history of DVT shows cold, pale, hair loss, & calf pain:

- a. DVT
- b. Acute spinal cord compression

c. Ischemia

27- A known case of treated Hodgkin lymphoma with radiotherapy not on regular follow up presented with gradual painless difficulty in swallowing and breathing on examination there is facial swelling and redness, diagnosis:

- a. IVC obstruction
- b. SVC obstruction**

- c. Abdominal aortic aneurism
- d. Thoracic aortic aneurysm

28- Pt. with Raynaud's phenomena he is living with roommate smoker, along scenario but this is the importance, treatment:

- a. Anti-vibrating gloves
- b. Keep core body temperature warm in cold
- c. Negative smoking is not a trigger of disease
- d. Keep hands warm away from cold**

29- Child pt. drink something poisoning I forgot but it's Organophosphate, with nausea, vomiting, diarrhea, hypersalivation, dilated pupil, bronchoconstriction, management:

- a. I.V Atropine administration**
- b. I.V Pralidoxime administration
- c. Immediate gastric salvage



بسم الله الرحمن الرحيم

Prometric exam of 6/2/2013

السلام عليكم ورحمة الله تعالى وبركاته

These are some of the qs that came in my exam, I hope they would be of help, I forgot many of the choices(sorry), wrote my answer below the choices so you can have your own impression about that qs and not be misled by my answers which may be true or wrong.

Many of the qs in my exam were repeated, my advise that the more you review previous exams paper both prometric and sle the better, and by that you would find that actually the qs are not new and they may had been seen in previous old exams, in

addition to that you just need some extra reading for only some topics that appear frequently.

You can depend on the answers in dermatology, psychiatrics, chronic diseases, emergency problems and common surgical problems I got in them full marks.

1-patient was diagnosed with pancreatitis and gives you biochemical values: low albumin, and ask about the type nutrition:

a-TPN

b-parental glucose diet c-low

protein and high carbohydrate d-

naso jejuna feeding **my answer was**

d

2-female patient got only history of treatment of ovarian teratoma 2 years back, now came with palpitation, in the history it mentions that she also had fine tremor not effected by intention, moist skin, brisk reflexes and no goiter. ECG is normal. What is the most appropriate step:

a-request T4 level b-sorry

forget other answers **my**

answer was a

3-chart of body mass index and gave you a female with BMI of 32.5 :

a-under weight b-normal c-obese d-morbid obese my answer was

c

4-patient came with history of URTI for 2 days and now developed red eye, sever conjection and palpable lymph nodes, what is the diagnosis:

a-gonorrhea b-

clamydia c-adenovirus

my answer was

c 5-female

patient delivered

and then she

developed pruritic

papules and

pustules after 24

hours of delivery,

what you want to

give the baby:

a-IVIG for varicella

b-acyclovir my

answer was a

6-patient developed fever then had macules, then developed papules , vesicles and pustules, what is the diagnosis:

a-HSV1 b-HSV2

c-varicella my

answer was c

7-patient developed fever followed by macules, papules and pustules in the back with erythema and pain at the site of lesions, what is the diagnosis:

a-chicken pox b-

HSV1 c-shingles d-

measles my

answer was a

8-all of the following drugs used in maintenance treatment of opioid dependence except: a-clonidine b-methadone c-naloxone

my answer was a

9-patient with IDDM developed foot ulcer, he had intact posterior tibial and dorsalis pedis pulse, the ulcer was infected, he was treated by antibiotic but not improved, what is your next step: a-surgical debridement b-amputation below knee c-hyperbaric O2 my

answer was a

10-patient came with palpitation, not had any disease history, not used any cardio stimulatory drugs or alcohol and not had chest pain, PR was 210 otherwise normal examination and ECG inconclusive, what is the most appropriate management:

a-compute P-R interval

b-cardiac enzymes c-

V/Q scan [my answer](#)

was a

11-CT abdomen with multiple masses in the liver with peripheral blood eosinophilia, what is your diagnosis:

a-schistosomiasis b-

hydatid disease c-

liver metastasis d-

abscess [my answer](#)

was b 12-patient

came with long

history of pruritus

and weight loss ,

was anicteric, but

had xanthlesma

and also scratch

marks, ALP

increased, also

gamma glutamyl

transverse was

raised and

increased

immunoglobulin M,

also had positive

antimitochondrial

antibodies, what is

the diagnosis:

a-primary billiary cihrrrosis b-forget

others but no need for them my

answer was a

13-female came complaining of photosensitivity, malar rash, joint pain and had RBCS in

urine, what the diagnosis: a-rheumatoid arthritis b-lupus nephritis c-gout my answer

was b

14-patient with thirst and polyurea, had history of bipolar disorders and prescribed lithium for that, she is not dehydrated, her random sugar is (105), other investigation show: serum Na (143), osmolarity (380), and urine osmolarity (280), what is the underlying mechanism:

a-due to increased water intake due to polydepsia and thirst

b-due to resistance to effect of desmopressin on kidneys and reduced concentrating abilities.

c-due to osmotic diuresis caused by hyperglycaemia d-due to central

reduction of desmopressin and central thirst mechanism my answer was

b

15-patient have joint pain that involve peripheral joints for 3 monthes and also had morning stiffness that last for one hour, what is the diagnosis: a-rheumatoid arthritis.

b-gout c-

oestoarthritis my

answer was a

16-patient has increased intraocular pressure by tonometer, and optic disk cupping, what you will tell him:

a-that if IOP reduced, these changes can return to normal

b-that this is due to working under shiny sun c-his blood

relatives should be informed my answer was a

17-child of 7 years came with SOB, cough, he had history of different previous allergies, on examination he had wheezy chest, what is the most appropriate initial management:

a-thiophylin b-

monteleukast c-nebulized

albetrol d-inhaled

corticosteroid my answer

was c 18-there is a

picture with history that

states that this child had

purple rash on extensor

surfaces of lower limbs,

was tender but not

blanchable, there was
abdominal pain, joint pain
and positive occult blood in
stool, what is the diagnosis:

a-HSP b-polyarteritis

nodosa c-ITP my

answer was a

19-female who is G1 P1, do not want to get pregnant and her job need that she does not get pregnant for 3 years, you advised her about transdermal combined contraception, what you will tell her: a-it is less effective than OCP b-no reaction in skin at site of insertion c-replacing it can be forgotten when the time comes d-it is associated with thrombotic tendency more than OCP my answer was d

20-female came with lower abdominal pain and history of 6 weeks amenorrhea, U/S revealed fluids in the pouch of douglas and culdocentesis revealed dark blood, what is the most likely diagnosis: a-ruptured ovarian cyst b-ruptured ectopic pregnancy c-red degeneration of fibroid my answer was b

21-child aged 2 years came complaining of barky cough, he was irritable and had reduced appetite, temperature:38.3, there was inspiratory stridor, what is the most likely diagnosis: a-epiglottitis b-croup

my answer was a The answer is wrong Right B >>, But Dr. wrote in the introduction to questions (You can depend on the answers in dermatology, psychiatrics, chronic diseases, emergency problems and common surgical problems I got in them full marks.)

22-patient sustained RTA with head trauma, he cannot direct the spoon to his mouth, what the effected parts:

a-cerebellum b-

parietal lobe c-

temporal lobe d-

occipital lobe my

answer was a

23-when assessing hearing in adolescent, you use which of the following:

a-ticking watch b-recorded sound of a dog c-recorded sound of music d-

sound of page flip my answer was a

24-when assessing hearing (I think in children), you use whispering of words, which combination of words is the most appropriate:

There was 4 combinations of words each with 2 words I chose the closest 2 words to each other when pronounced, the rest 3 choices the words were far different

25-when the doctor ask the patient to face the wall and then bend with arms hang loose he is screening for which of the following:

a-scoliosis b-

kyphosis my

answer was a

26-patient not came to work for 3 days and then found in home with thirst and vomiting, in investigations you find increased calcium level, the appropriate initial management is: a-hydration my answer was a

27-patient taking antituberculous medications then he developed many eye complains, what is the causative agent:

a-rifampicin b-

isoniasid c-

pyrizinamide d-

ethambutol my

answer was d

28-patient had RTA

and came with GCS

12/15, PR

increased, RR 60,

and his blood

pressure was

85/65, he had

bruise in the left

side of chest, the

most appropriate

initial step is: a-X

RAY b-CT scan

head

c-IV fluids d-tube

thoracostomy my

answer was c

29-baby had greasy white tongue and had history of treatment of clamidia infection, what you want to give:

a-nystatin oral drops b-

topical steroids c-

topical antibiotics my

answer was a

30-patient complains of frequent urination, the bladder is palpable after urination; he said that although urine pass frequently he had difficulty in initiation of micturition, what is the diagnosis: a-urge incontinence b-stress incontinence c-reflex incontinence d-overflow incontinence my answer was d

31-female aged 40 years came with heavy periods and intermenstrual bleeding, she is not on OCP or any other drug, not sexually active because her husband travelled one year ago, she said the 3 months ago her cycle was regular but changed now, this features are suggestive of which of the following:

a-endometrial cancer

b-anovulatory cycle

c-endometritis my

answer was b

32-female who does a lot of training and had amenorrhea for 5 months, this can increased her risk of: a-ovarian cancer b-endometrial cancer c-osteoporosis d-infertility my answer was c

33-patient complaining of weight gain and fatigue, he has a pituitary tumor, his investigation revealed: low ACTH, low TSH, low FSH and low LH, what is the appropriate treatment:

a-human chorionic gonadotrophin and gonadotrophins b-human chorionicgonadotrophins and thyroid replacement c-corticosteroids and thyroid replacement d-thyroid replacement and gonadotrophins my answer was c

34-patient came for assessment after fracture by falling on outstretched arm which was diagnosed as colles fracture on minimal trauma, what is the appropriate test to check for bone density:

a-VIT D b-Ca c-X RAY hip and pelvis d-dual energy x ray absorbometry my answer was d

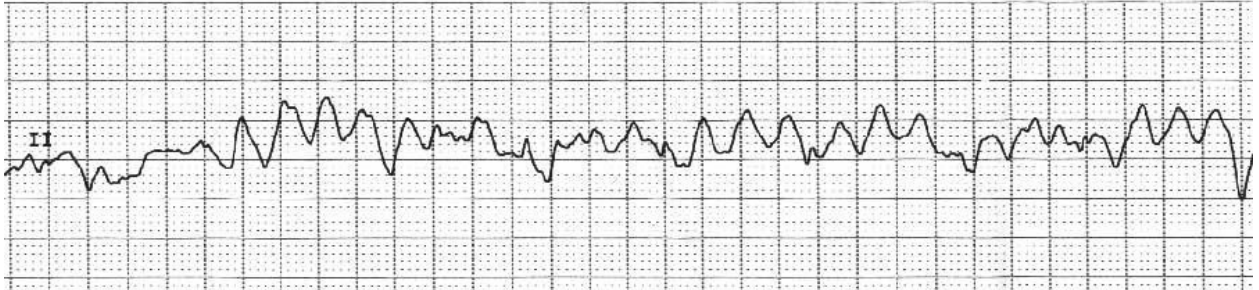
35-patient developed chest pain and sweating for 4 hours and was pulseless, there was an ECG attached, what is the diagnosis:

a-VF b-AF c-WPW

d-torsade de pointas my

answer was a not this but

something similar



36-patient who had history of previous infective endocarditis, and now came with dental caries for dental procedure, what is the appropriate prophylaxis:

a-amoxycillin 2gm one hour before procedure b-

amoxycillin 1gm one hour before procedure c-

clindamycin 2gm one hour before procedure d-

clindamycin 1gm one hour before procedure my

answer was a

37-an infant of 6 month brought by his parents with history of repeated vomiting, his pulse was (190), and he had dry mucous membrane, sunken anterior fontanel, what is the appropriate volume of fluid given initially:

a-bolus 10 ml/kg of body weight b-

bolus 20 ml/kg of body weight c-slow

infusion 10 ml/kg of body weight d-slow

infusion 20 ml/kg of body weight my

answer was b

38-child aged 5 years came with painless limp for one week, on assessment on x-ray you find sever Avascular necrosis, what is the most appropriate treatment:

a-surgical correction b-non weight

bearing for 6 months my answer

was b

39-pregnant at 12 week of gestation for follow up, she was healthy previously and everything was normal but her fundal height lag 3cm behind the gestational age, what is your action for management:

a-amniocentesis and viral screening b-

terminate the pregnancy c-strict bed

rest d-advice good nutrition and healthy

diet my answer was d

40-patient came with history of depressed mood, decrease appetite, decrease weight, lack of interest and suicidal ideation for 2 months, what is the diagnosis:

a-major depression

b-dysthymia c-minor

depression d-

bipolar disorder my

answer was a

41-patient tells you that he have a history of seizures, when that occur it continuous for 30 second then stops, what of the following can be used for initial protection:

a-insert wooden taunge b-

secure the air way c-insert

metallic something??

my answer was b

42-patient diagnosed as depression, what is the initial pharmacotherapy:

a-SSRI b-MOAI c-

TCA my answer

was a 43-in a

patient who is on

antipsychotic and

he is noncompliant

to therapy, how

the physician can

response: a-give

depot injection of

haloperidol or

fluphenazine b-

give IV

antipsycotics c-give

clozipine and other

one orally?? d-give

two other drugs

orally??

Sorry some choices I couldn't remember the name of the drugs in the choices

my answer was a

44-patient had disinhibited ideas and he keep telling people about them, he seems not aware of that and not stop even when he asked to, what is your diagnosis:

a-thought insertion b-

preservation c-loosening

of association d-flight of

idea my answer was b

45-a study was done to assess the effect of alcohol on 5000 individual was started in

1985, then it assessed the incidence of liver cirrhosis between 2005-2008, what is the

type of study: a-case controlled b-retrospective study c-concurrent cohort d-cross

sectional study my answer was c

46-which of the following inherited blood disorders is associated with increased bleeding time and deficiency of VIIIc:

a-hemophilia A B-

hemophilia B c-

hemophilia C d-von

willibrand disease my

answer was d

47-female patient had weight gain since menstruation, also had infrequent cycles, she was trying to get pregnant but no success, she was obese despite exercise and dietary modifications, also she had acne and hirsutism on face, investigations showed:

Increased LH

Reduced FSH

Reduced sex hormone binding globulins

Increased glucose

Increased androgens

What is the most likely diagnosis:

a-PCOS (Polycystic Ovarian Syndrome)

b-obesity my answer was a

48-patient had severe acne vulgaris on face, the use of antibiotic is for:

a-prevent physical scar formation b-prevent systemic spread of

infection my answer was a

49-patient had enlarged parotids, dry eyes and dry mouth with positive HLA B8 and positive antinuclear antibody and rheumatoid factor, your management will be as:

a-anti-inflammatory drugs b-

increased oral fluids c-

artificial saliva and tears my

answer was c

50-known sickler came with repeated gall stones and on investigation found 7 stones the largest was 2cm, not obstructing the cystic duct and no evidence of extra hepatic biliary obstruction, what is the most appropriate management:

a-cholecystectomy b-sorry

forget the rest my answer

was a

and in the end thanks for the face book group of studying, it is an important source of qs, previous exam papers and good discussions an information's.

اسأل الله نكى جُيْعَا انتفيق وانسداد
لأُسَى َيِيْدِ عَانكى



although not much Qs had been repeated , but they still have the very same ideas .. in general , around 5 Qs were in alqassim collection -exactly the same- and more than 10 sharing the same Med. info (in one way or another). more Qs are in the same subjects, few Qs are very simple and can be solved with minimum Med. knowledge, little Qs (at least three in my exam) were about things i have never ever heard about (Meds , diseases and microrganisms)

for Docs who are preparing for the exam : the most important thing -in my opinion- when you prepare for the exam (i strongly recommend u start reading alqassim collection and if u have more time u read what u can) , is to focus on the INFO and not merely memorizing the correct answer !! very low chance that you find the same questions , but definitely the same subjects and ideas will be repeated .. for example : not a single exam will not have at least one or two Qs about VACCINATIONS so u r gonna have to read the Qs about them and revise the important subject headlines (when u read the Qs from previous exams u will notice the pattern of the Qs is like : 1-life att. or killed or ...,2- missed certain vacc , what will u do ,3- safe for pregnant or not ?? and so on) and say the same for other subjects. although the exam Qs are very randomly generated (i believe) but the number of Qs for each field will be the same AND some subjects DEFINITELY will be in the Qs (in one way or another)

important subjects for the exam (Vaccinations (for child and pregnant), skin rash and URTI in paedia, thyroid case, Dx and meds for common psych. cases , HEBATITIS B MARKERS (Abs and Ags) , pregnancy emergencies and

contraindicated Meds.UTI for males and females. statistical Q (stillbirth rate, mortality rate , sensitivity and specificity . etc)

dr.alkaf

1) 2 weeks infant . presented with whitish pinhead patches over his face , what will you do :

a- Do nothing

b- Local antifungal c-
Oral antibiotic

2) 6 years old child was bitten by a CAT , what is the organism ?

a- *Pasteurella*

b- *Strepto viridians* c-
Staphylococcus 3)

2 years old child,
presented with
multiple pustular
lesion on his scalp
, what is the
disease ?

a- *pustular folliculitis* b-
???

(not sure)

4) 28 years pregnant at 20 weeks of pregnancy. Developed dyspnoea and resp. distress of sudden onset , what is the diagnostic test :

a. 2 chest x-rays
b. Echocardiogram
c. CT scan

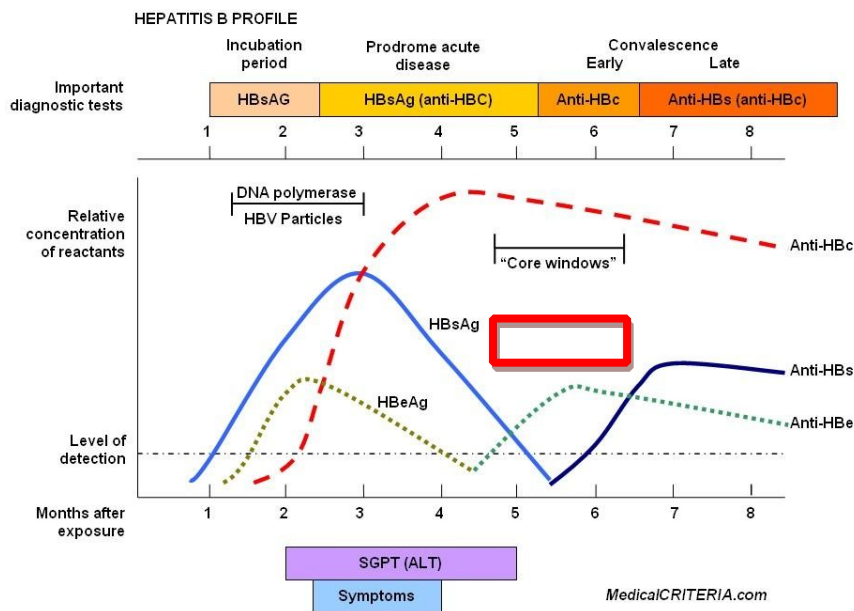
d. V/Q ventilation

5) 60 years admitted to the hospital as end stage COPD, what will you expect in lab.
Work :

- a. Hypokalemia
- b. Hyponatremia
- c. Low ferritin level
- d. Erythrocytosis

6) Heb b chart , what viral mark we see at this stage ? :

(closest diagram I found on the internet)



- a-HBe ag
- b-HBsAg
- c-HBe antibodies
- d-HBs antibodies

7) child diagnosed as HAAD , what is the treatment ?

????

8) TTT of bipolar disorder:

??? (NO lithium in choices)

9) 45 years male, last few weeks increase alcoholic intake, activity and phone calls, also no sleeping for more than 2 hours at a time. What is your diagnosis :

a) alcohol abuse

b)mania

10)a question about STILLBIRTH RATE in a given small town (with given multiple statistics)

11)Female was given first dose of tetanus vaccine and missed the second for few years , what will you do :

a)give second dose anyway .

12)fireman came to ER with 1st and 2nd degrees burn on face and neck , burn area around 5% ,blister formed, what will you do : a- drain blister **b-apply silver sulfadiazine and start antibiotic ...**

13)60 years female, c/o back pain, bone density=2.5, what will you do :

a)NSAID

b)calcium

c)calcium+vit.d+phosphorus

d)exercise advise

14)male presented with white discharge of urethra, febrile, dysurea , gram stain show gram +ve diplococcic. What is your diagnosis :

a)gonorrhea



13-march-2013

1. **Most common site of non-traumatic fracture in osteoporosis pt is:**
 - A. head of femur
 - B. neck of femur
 - C. vertebra
 - D. tibia
2. **Treatment of chlamydia with pregnancy :**
 - A. Erythromycin
 - B. Azithromycin
 - C. Doxycycline
3. **Right eye has redness, pain, & photophobia. The left eye has uveitis, ttt is :**
Cyclopentolate 1%
4. **old female with pubic itching with bloody discharge, then she developed pea shaped swelling in her labia, most likely:**
 - A. Bartholin cyst
 - B. Bartholin gland carcinoma
 - C. Bartholin abscess
5. **Earlier sign of puberty in male is:**
 - A. Appearance of pubic hair
 - B. Increase testicular size
 - C. Increase penis size
 - D. Increase prostate size
6. **The most common causes of precocious puberty:**
 - A. Idiopathic
 - B. Functional ovary cysts

- C. Ovary tumor
- D. Brain tumor
- E. Adenoma

7. best way to decrease infection in newnatal area washing hands before and after examination

8. 28 yrs old AOM he was treated with Amoxicillin, came after 3 wks for F/U there was fluid collection behind tympanic membrane ,no blood wt to do nxt:

- A. watchful waiting
- A. myringotomy

9. Man use sildenafil, to prevent hypotension you should not use :

- B. Nitrate
- C. B blocker
- D. ACE
- E. CCB

10. lumbar puncture :

- A. Between T12 and L1
- B. L1 AND L2 C. L2 AND L3 D. L3 AND L4
- E. L4 AND L5

11. A child was treated for otitis media with 3 different antibiotics for 6 weeks but without improvement. Which antibiotic is the best treatment?

- A. Amoxicillin
- B. Penicillin
- C. Cephalosporin (cefepime)
- D. Amoxicillin and Clavulonic acid
- E. Erythromycin and sulfamethoxazole

12. SAFE ANALGESIA DURING PREGNANCY

PARACETAMOL

13. MOST COMMON CAUSE EPISTAXIS IN CHILDREN

- A. HEMOPHILIA

B. Local trauma

13. BEST ANTIDEPRTION FOR IN ADULthood: FLOXICINE تاكذو

14. 10 YEARS old boy come with yellow sclera and kisses fischer ring low level of

cearuloplasmin the ttt is:

Penicillamine

15. Best ttt for obsessive compulsive disorder:

Selectivly inhibit the reuptake of serotonin (5-hydroxytryptamine,5-HT)

16. Baby ingestion of unknown drug cause metabolic acidosis and anion gap 18 lab lablab:

A. Asprin

B. Paracetamole

17. Baby have trauma in his hand and his middle finger become hyper extend on ex ptc can not flex the DIPJ what is affect:

A. Superficial flexor muscle

B. Flexor muscle proufundia

18. Pic and hx of lesion(palpaper) in hand abdomin all over the body itching: Scpis

19. Pt acute pancreatitis with low ca + high glyucose what is his nutrition :

A. Restrict diet low glyucose high ca

B. TPN

C. Nasojejunal tube

20. Pt have stenosis at I4 and I5 what will feel:

Parthasis at inner thigh

21. Most common cause of subarachnoidhemorrhage

A. Berry aneurysms

- B. Congenital arteriovenous malformation

22. Sign of brain dead or cerebellar

bilateral fixed dilated pupils ,absent gag reflex

23. Pt with dm and 24 hour urine show 140 abuminurea

- A. Start ACEI
B. refer to a nephrology clinic

24. Baby have Ferrous ingetionin high amount and come with abdominal pain diffuce

serum ferritin is lap lap :

- A. Renal dailylsis
B. iv dexoframin (iron antidot)

25. Witch is minor criteria of rheumaticfever:

Fever

26. Thin pt live in very crowed area xray show fibrouspatch in upper rt lope and there is cough and wheezing what to give to contact:

- A. BCG
B. H inf vaccine
C. Meningococcal

27. Old man come with hx of vomiting and lower abdominal pain there is mass in lower abdomen(hx of testicular cancer):

- A. Refer to surgeon
B. Refer tourology

28. what is come with ovarian cyst not with ascites:

- A. dull anterior and resonant laterally
B. resonant ant dull laterally
C. Anteriorly dullness and lateraly tympani

29. pt look ill and have epigastric pain and anemia:

- A. start omeprazole
- B. endoscopy

30. pt with diverticulitis :

- A. CT (best)
- B. sigmoidoscopy
- C. colonoscopy(contraindicated in acute phase due to risk of perforation)

31. hx of pt have high growthhormone what will increase also:

- A. ACTH
- B. Anterior pituitary gland hormone

32. Baby ingestionunknown chemical come with drawling :drink 2cup of milk Upper endoscopy



SLE exam of 23rd of April 2013

1- A pregnant woman in her 3rdtrimester , wants to know if there is a possibility that her baby is Down's Syndrome , what you suggest :

-Chrionic villous biopsy

-Amniocentesis

-Ultrasound

2-The mechanism of action of the drug that is used in treatment of Anxiety is :

-Decrease the availability of serotonin

-Increase the availability of serotonin

-Blockage of serotonin production

3-A patient who is an IV drugabuser , on a blood smear it was found out that he developed an RNA virus of a *Flaviviridae* family , the Virus is :

4-A wife complains that her old husband is having memory loss and can barely remember events lately , he was diagnosed as having Alzheimer disease , the damage is in :

-Frontal lobe

-Parietal lobe

-Temporal lobe

-Occipital lobe

5-A 6 years old child was born for a mother whos infected with hepatitis B, the child since birth never received any vaccine expt for BCG , what do you give him now :

-MMR, HBV, Hiv, DPT

-MMR,HBV,POLIO,DPT

-MMR, HBV,POLIO, Hiv

-DPT,HBV,POLIO,Hiv

6-Female was found to have Z score of -3.5 on bone densometry , she has :

-Osteoporosis

- Osteomalacia
- vertebral collapse

7-A child took much of Aspirin pills he was rushed to ER, his liver enzymes were high due to :

-Denaturation of mitochondrial enzymes

- Denaturation of cytochrome oxidase
- Denaturation of liver albumin

8-The most appropriate test to diagnose Pulmonary Embolism is :

- V/Q ratio

-Pulmonary Angogram

- Chest x-rays

9- A female patient came to the clinic complaining of a mass on a vagina she has a history of repeated unprotected intercourse with multiple partners, upon examination she has a wart in the vagina , the causative agent is :

-Herpes simples

-Neisseria Gonorrhea

-Treponemmapallidum

-Molluscumcontagiosum

10-A Patient developed fever and sore throat 3 days ago, now he has developed vomiting and papilloedema ,whats the nest step to do :

-Culture

-Lumber Puncture

11-A Patient develop neurological deficit , congested neck veins and tachycardia , he used to take a polish white rice as a meal , he has :

-Wet beriberi

-Dry beriberi

-Vitamin A deficiency

-Folic acid deficiency

12-A patient came to the clinic complaining of a retrosternal chest pain that increase while laying down ,the most appropriate treatment is :

-Sublingual Nitrates

-Antiacids

13-A patient whos hospitalized after a major operation , he developed a small pulmonary embolism that was confirmed by pulmonary CT , what is the best drug to give :

-Heparin

-Warfarin

-Streptokinase

-Aspirin

14-A hypertensive man whos taking hydrochlorothiazide and B.blockers as medications , he suddenly developed loss of consciousness , regained it back , investigations were done for him CT brain,Cardiac enzymes ,they were all clear , two days later he lost consciousness again , what you will order :

-Order Cardiolite

-Stop Hydrochlorothiazide

-Add vasoconstrictor

-Order cardiac enzymes

15-A middle aged female who is obese , developed right upper quadrant pain got more sever last 3days , the pain is radiating to the shoulder , investigations showed high levels of direct bilirubin , what is the best management:

-Urosodil

-Lithotripsy

-Cholecystectomy

16-A female came to the clinic with her husband complaining of not conceiving, investigations were done to the couple were all normal , the best drug to be given to improve her ovulation is :

-Clomopine

17-A female patient who is taking a Retin-A Gel for acne in the face , you should warn the patient about the side effect of this cream which is :

-Sensitivity to sunlight exposure

18-A patientwhosparaplegic , bed ridden , developed a non-blanching ulcer in the sacral region , he has :

-Bed sore

-Bacterial ulcer

19-A Male patient who developed redness itchininess in the eyes with excess tears that are clear no presence of mucopurulent discharge , he received antihistamine after which he developed burning stinging in the eye , he reports that sits in front of the computer for almost 6 hours per day what is the cause of this condition :

-Release of histamine by mast cells

-Type 4 hypersensitivity reaction

20-A male patient complain of tenderness around the perianal region for 3 days , upon examination it was fluctuant , but the pain was so severe so anal scope couldn't be performed , what's the best management :

-Hemorrhoidectomy

-Hot bath and analgesics

-was and give antibiotics

-Sclerotherapy

21-The best advice to give for a middle aged woman who has Osteoarthritis is :

-Walking exercise

-Back exercise

-Decrease weight

22-What is the advantage of using a Curette in Dilation & Curettage in Obse :

-Decrease operation time

-Decrease perforation chance

-Decrease infection chance

23-The best way to investigate Appendicitis :

- Ultrasound
- Repeated abdominal film
- Barium swallow
- CT scan

24-An old menopausal woman developed dryness in the vagina , she recently became depressed has loss of appetite decrease sleepness , the best management is :

- Estrogen Cream
- Amitryptaline

25-The following drugs :phosphodiesterase 5 inhibitors, Yohimbine and L-arginine are given for :

- Male impotence
- Male azoospermia
- Female arousal
- Female Orgasim

26-A 2 week baby born with hypotonia, areflexia, fasciculations of the tounge and respiratory distress, he was born full term , pregnancy with this baby was normal not eventful , nerve conduction studies were done and were normal, he has Pneumonitis on x-rays , the diagnosis is : -Myasthenia Gravis

- Gillian Barre syndrome

-Hypothyroidism

27-A child developed pain and discharge from his ear, on examination there was a discharge from the ear canal and sever pain upon pulling the pinna of the ear out, the diagnosis is :

-Otitis media

-Otitis externa

28-A child who is pale tachycardic and has frontal bossing , the diagnosis is :

-Hemolytic anamia

-Hemoglobinopathies

29-A young boy who swallowed more than 3 pills of iron , he was rushed to the ER , the best INITIAL management is :

-activated Charcol

-Gastris Lavage

-intravenous deforoxamine

30-which one of the following medications can cause gastric bleeding :

-Acetaminophine

-Thyophilline

-Ibuprofen

-Morphine

31-A young boy who has fever , sore throat ,bilateral knee pain and pericarditis , what is the best investigation to confirm the condition :

-Aspiration from the knee

-ASO titer

-Echocardiogram

32-A 45 years old male developed enlarged diffuse goiter, disfiguring, hoarsness of the voice , he is cold intolerant , has weight gain , low T3 whats the best management :

-Total lobectomy

-Levothyroxine

-Replacement of the hormone

33-A female came to the clinic complaining of the weight gain , cold intolerant , bradycardia what is the treatment :

-Levothyroxine

-Propylthiouracil

34-A young boy came to the ER having a human bite on his hand , he received tetanus toxoid 9 years ago , what you will do for him :

-Wash the wound with normal saline and cover

-Give Amoxicillin/Clavulinic acid while culture is pending and a booster dose of tetanus toxoid

-Give Erythromycin/Sulfadiazine while culture is pending and a booster dose of tetanus toxoid

35-A doctor should refer a patient with a burn to a Burn Specialist if he has :

-10 cm erythema in the shoulder

-Painful epidermis

-Painful blister

-Painless lesion in the face

36-A bite of an infected cat introduced which of the following organisms :

-*Eikenella corrodens*

-*Pasteurella Multocida*

37-A psychotherapy of reconditioning the patient or association between stimulus and response is :

-Cognitive behavior

-Exposure and desensitization

-Group psychotherapy

38-An old female who has a history of breast cancer , she was diagnosed recently with Osteoporosis , the best treatment to prescribe for her is :

-Estrogen

-Vitamin D

39-A post menopausal woman is scared to get a vertebral compressor , the best advice to give her is :

-Vitamin D

40-A young adult who complains of buttock pain , lower back pain relieved by activity , what is the diagnosis :

-Reactive arthritis

-Psoriatic arthritis

-Ankylosing spondylitis

41-A man complains of a penile discharge after an un protected sex , culture showed gram negative diplococcic, what is the diagnosis :

-Syphilis

-Gonococcal urethritis

42-10 years old boy developed red eyes ,sneezing edematous mucosa in the nose , what is the diagnosis :

-Influnza

-Allergic rhinitis

-Bacterial infection

43-A young boy known asthmatic , used to participate in school in athlets work, he takes a short acting Beta2 agonist by which it helps him well , and relives his episodes very well, it has been a month now since he last time participated in any athlets work , in a doctors re-evaluation of the case , what is best question the doctor can ask to evaluate the efficiency of the current medication ?

-Ask if he can cope well with the teammates?

-Ask if he coughs at night?

-Ask if he coughs between meals?

-Ask if takes this medication more frequently?

44-A boy who is 11 years old doing well , no complain , participates well in activities , he has an older brother who died suddenly , which disease the doctor should predict among these diseases in the future :

-PDA

-ASD

-Hypertrophic cardiomyopathy

-VSA

45-A boy whos is 10 years old develops pain in the medial side of the knees after running for alongtime , otherwise normal range of movments , what is the diagnosis : -
Osgood schlatters disease

46-The best drug to be gives for a Leukemic patient who has nausea and vomiting is :

-Ondosetron

-Granisetron

-Metoclopramide

47-Graph of Hepatits B serology , what is the serological marker that is found in the window period :

-HB S ag

-HB S ab

-HB e ag

-HB e ab

48-A young male that was previously diagnosed of having HIV , recently developed purple lesions in the body and oral cavity , what is the best treatment :

-Oral antibiotics

-Topical antibiotics

-Steroids

-Chemotherapy and Radiation

49-Mechanism of action of SSRI :

-Increase the availability of Serotonin

50-A young female patient with polyps seen by colonoscopy , she is supposed to have colonoscopy repeated every :

-6 monthes

-3 monthes

-1 year

- 1 month

51-A 16 years old female who has vaginal bleeding every 3weeks – 2monthes , normal amount of blood , no pain , all investigation done for her was normal , what a doctor should tell her:

-Tell her if pregnancy test is negative and ultrasound is normal , she probably has no illness

-Do FSH test

52-A young female with a clear discharge from the nipples , what investigation should be done for her :

-Mammography

-Breast Ultrasound

-Prolactin assay

-ACTH assay

53-A patient complaining of S.O.B , on examination one nostril is edematous and blocked , what is the best INITIAL management :

-Decongestatns

-Sympathomimetics

-Corticosteroids

-Antihistamines

54-A study was done in 1980 among 50.000 alcoholics in rural area , later on between 2005-2008 same study was done again among them , what is this type of study:

-Retrospective Cohort

-Case control study

-Cross sectional Study

55-A picture of a huge deglutinig mass in the neck , what is diagnosis :

-Throglossal cyst

-Goitre

56-A patient with a mass in the midline of the neck that moves upon protrusion of the tounge , what is the diagnosis :

-Goitre

-Thyroglossal cyst

-Cystic Hygroma

57-There is an outbreak of TB , what is the best prophylaxis to be given :

-BCG

-Rifampicin

-Isoniazid

58-A man goes out in public , saying bad wards to strangers , he can not stop doing so , he is not awars of his condition , what does this patient has :

-Neurosis

-Depression

-Loss of association

59-A new mother brings her 2 weeks old baby saying that he has problem in breathing and he is dying , on examination the baby is normal , the mother has :

-post partum psychosis

60-A patient has redness of the eye, itchiness, photophobia, on fluresence it shows dendritic changes , what is the diagnosis :

-Corneal abrasion

-Viral keratitis

-Corneal laceration

61-A young child who had sore throat and bilateral knee pain, he recently developed tined bloody frothy sputum and bilateral changes in the cheeks. On examination he has pulmonary hypertention and atrial fibrillation , what

Is the diagnosis:

-Coronary artery disease

-Infective endocarditis

-Congestive heart failure

62-A male with weight loss fever for one month non subsiding ,on examination he has supraclavicular nodes ,tender enlarged liver, x-rays shows hilarlymphnodes , diagnosis for TB was negative , what is the next step a physician should order:

-X-rays

-Liver biopsy

-Lymph node biopsy

63-Patient has sore throat ,hepatosplenomegally what is the diagnosis:

- Lymphoma

64-A pregnant female with sudden shortness of breath, increased PT and APTT , X-rays shows ground glass appearance , what is the diagnosis:

-Amniotic fluid embolism

-DIC

-Pregnancy ITP

65-A boy on examination he is pale ,tachcardic and has low ferritin and low TIBC , what is the diagnosis:

-Iron deficiency anemia

اتوقع السؤال ففّ ليس

Disease	Iron	TIBC/Transferrin	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal



1- Pregnant lady in her fist trimester, was not vaccinated with MMR, she had a close contact with Rubella, what is the next step

No treatment

Give MMR vaccine

Administer immunoglobulin

2- Old man with anemia, hypo chromic and microcytic RBCs.. next step?

Serum Iron analysis Endoscopy

3- Old man with a non tender cervical mass, what is the best diagnostic procedure

Fine needle aspiration CT
scan

4- cardiac arrest, ECG shows no identifiable QRS complex, what is the most likely etiology:

Drug toxicity

Atrial disfunction

Ventricular dysfunction

5- Woman complaining of postpartum haemorrhage, what is the most appropriate treatment

Petressin IV and normal saline

Packed erythrocyte with normal saline

6- What is the most common cause of 2ndry amenorrhea AND elevated FSH and LH:

Pregnancy

Menopause

7- The most appropriate initial treatment to a child with spontaneous epistaxis :

Press the anterior inferior part of nose and lean the head forward

Press the anterior inferior part of nose and lean the head backward

8- How is rheumatoid arthritis caused Organism penetrates the skin
infection of the pharynx and tonsils

9- infant with diaper rash with had multiple treatments with steroids, satellite lesions were found, what is the management continue local steroid Systemic steroids local anti-fungal local antibiotic

10- patient has mitral stenosis, so the heart compensates increasing load on left atrium, what is expected:

Left atrial hypertrophy and dialation

Left atrial hypertrophy and increased pulmonary capillary pressure

11- osteoporosis t and z score, (there were several T and Z scores in different bones, so i personally have chosen the highest which was 2.6 and the choices were): Osteoporosis osteopnea sever osteopenea

12- A child woke up with croup, what is in the differential diagnosis

Tonsillitis

Foreign body

Cystic fibrosis

13- 8 years old girl with a BMI >30 , what would you advice the parents?

Give hypoglycemic agents

Strict diet

Lifestyle modification

14- a man who will be using Steroid drops on his eyes for a long time, what is the most likely adverse effect

Cataract

Glaucoma

(other choices i don't remember)

15- a man working for a long time on a hot environment, he has distal cramps in lower and upper extremities, he is conscious and no other physical findings, how to manage:

Core body cooling

Electrolyte replacement

16- the nul hyupthesis there is no significant difference between two population the power of study for significant difference between two population is nil

17- Picture of distal finger with red papule, it was painful and was treated for one weak with Augmentin with no cure: surgical excision and drainage under general anesthesia **surgical excision and drainage under regional anesthesia** continue augmentin for another weak change antibiotic

18- a man with osteoarthritis and developed ulnar nerve compression, initial management:

nerve decompression from cubital canal **Physical therapy**

19- comatose man with cherry red skin:

Alcoholism

Carbon monoxide poisoning

20- When will the growth of spine stop after menarche:

12 months

24 moths



22/12/2012

:

B) Antihistamine

C)

D) Give another AB

2/50 y female with breast cancer and CA125 elevated ..so elevation due to

- A. Breast cancer
- B. Associated with ovarian cancer
- C. Due to old age
- D. Normal variation

3 /about child 11 month & SCD , pnemocoo vaccine :

- A. -hepatopnemo vaccine is the only recommended for children above 2 year
- B. Children with high risk even if he take pnemp vacc. We should give prophylactic AB
- C. 23valent given

4/Chemoprophylaxis of v.cholera..

A/erythtomycin

B/ tetracyclin

A for children and B for adults

5/2 workers recently exposed to radiation after a blast in a nuclear power plant, but they look normal, no signs of specific findings after examination. What's the management?

- A/ Keep them isolated
- B/ discard their cloths
- C/ only reassure them that they are fine
- D/ give 2 aspirin and discharge

6/child had recent onset flu then develop red eye + lacrimation no itching dx:

- A/-viral conjunctivitis
- B/-bacterial conjunctivitis
- C/. allergic conjunctivitis

7/The antibiotic prophylaxis for endocarditis is:

- A/2 g amoxicillin before procedure 1 h
- B/1 g amoxicillin after procedure
- C/2 g clindamycine before procedure 1 h
- D) 1 g clindamycine after procedure

8/20 yrs old man NOT KNOWN TO HAVE MEDICAL PROBLEM PRESENT C/O increase heart beat (PALPITATION), NO CHEST PAIN , NO DYSPNEA OR COUGH , OE: ALL NORMAL , CXR: -VE , BP 135 /110 , ECG >> 210 BPM >> NO INJURY EVIDENCE . WHAT THE NEXT STEP >>

- A- COMPUTED P-R INTERVAL
- B- V/Q SCAN
- C- CARDIAC ENZYME

9/59 y/o presented with new onset supraventricular tachycardia with palpitation, no Hx of SO or chest pain, chest examination normal, oxygen sat in room air = 98% no peripheral edema. Others normal, the best initial investigation:

- A. ECG stress test
- B. Pulmonary arteriography
- C. CT scan
- D. **Thyroid stimulating hormone**

10/patient improve with antidepressant, suicide risk:

- A/ **great**
- B/ less
- C/ same

11/Female come with lump in breast which one of the following make u leave her without appointment :

A **cystic lesion with serous fluid that not refill again**

B fibrocystic change on histological

-- regarding breast malignancy .. come Bilateral ?

-

A-infiltrating ductal carcinoma

B-**lobular carcinoma**

C-paget dis

D-ductal ectasia

12/Paranoid personality disorder:

A-most prevalent personality disorder

B-lead to paranoid shizophrenia

C-needs high antipsychotic medication to manage

D-somthing about mistrust

13/Mechanism of action of SSRI is ?

A. Increase availability

B. Block receptor

C. Decrease availability

14/pt taking antidepressant drugs works in an office ,, next day when he came ,he told

you that he have planned a suicide plan ,, ur action is

A-counseling

B-admit to hospital C-call
to police

D-take it as a joke

13/which of the following medication s associated wid QT prolongation??

A:chlorpromazone B:clozapine:

C:helopridol

D:riprasidon

14/most common cause of sleeping in daytime is :

A-narcolepsy

B-mood disturbance

C-general anxiety disorder

15/pt having copd and taking treatment glucoma ,,which of the drug is c/I

A-pilocarpine

B-TIMOLOL

C-BETAXOL

D-ACETAZOLAMIDE

16/ patho>>alzheimer disease

A/multi infarction

B/brain cell death

17/clear case of hypothyroidism

18/case of PID mX

A/admission+AB

b/AB+D/C c/

laparoscopy

18/antidote of (acetaminophen)paracetamol is - oral N acetyl cysteine

19/A question about the method of taking pap smear !! A.

Vaginal sample.

B. 3 samples.

C. 1 sample from os.

D. 3 sample from endocervix

20/Mechanism (affect)of ocp in cx

21- Most common cause of postmenopausal benign bleeding: A-

cervical polyp

B- cervical something?

C- atrophic vaginitis

D- endometrial hyperplasia

22/-ve diplococci with penile secretion>>gonorrhea

23/Mcc of 58 yrs+heaing loss

A/Otosclerosis

B/Tinnitus

C/OTITIS MEDIA not sure

15)about kwashiorkor

A)low protein,high carbohydrates

B)=====,low =====

Chigh =====,high =====

D)high =====,low =====

16/specific phobia mx

A/psychotherapy

B/ssri

17/ovarian cancer with deep voice.male feature?

A/leydig cell cancer

B/struma ovarii other

options?

18/hepatosplenomegaly +S&S of malria >>>ring stage of malaria (pic)

19/child with scaly hair loss in border of hair growing

A/t.capitus

B/t.versicolor

20/multi trauma of labour first line mx

airway

21/case of neurofibromatosis

A/axilla frenckilng

22/pt. with more sweating in plam sole and axilla what's topical treatment

A/.steroid

B/almonium sulphate??

23/Pt. many c\o but when no body take care for him he is not c\o never ever

A/Malingering

24/15 year old male asthmatic his doctor advied him to take oral glucocorticosteroid plus short acting inhaler and daily peak flow meter his

25/asthma is considered.

A- mild intermittent

B- mild persistant

C- moderate D- sever

26/most common complication of acute pancreatitis:

A-fistula

B-pseudocyst

C-abscess

D-phelgum

E-bowel obs

27/pt. complain of Rt. Hypochondrial pain and fever , he have past H\O bloody diarrhea and + Ent. Hystoltica in stool < he done aspiration for liver ____ anchovy sauce as result Dx:

A/amoebic liver abscess

B/pyogenic liver abscess

28/hzv ttt

acyclovir >>

29/Gerd mx

30/breast feeding with clostrum

A/excusive 6 months B/excusive

8 months

C/suction of clostrum then start feeding.

D/??Should to continue feeding 12 months

31/Pt. with peptic ulcer advise pt. regarding his pain

A/endoscope

B/ NSAIDS

32/Ascites+cld advise pt to

A/Decrease fat

B/Deacreate water

C/Decrease salt intake

34/Gestational Dm PT.may develop to>>

A/DM1 B/DM2

35/pt with sudden lt leg pain Pale,cold

A/arterial thrombus

B/arteria embolus

36/ pregnant lady with UTI c/I drug >>congenital malformation

Fluoroquinolone

37/56 y old present with vasomotor rhinitis

- A. Local anti histamine
- B. Local decongestion
- C. Local steroid
- D. Systemic antibiotic

38/The most active form is:

a. T4

b. T3

c. TSH

d. TRH

39/10 guest came ate something came to ER then admitted due to dehydration,, hx of vomiting mcc organism is

A/Staph.

B/Gardia

Dysentery

40/AB of case of meningitis>>penicillin

41/12 yrs with + (meningitis)+asymptomatic ttt

A/IM ceftriaxone one single dose

B/Reassure parent

C/Rifampine

42/In city with population of 15000 people & 105 births per year , 4 stillbirths , 3 died within months ,2 died before their 1st birthday , with 750 moved out of the city and 250 came in.. the perinatal mortality rate in this city

A/4

B/6

C/8 D/9



تم تجاهل بعض الأسئلة المكررة والتركيز على الأسئلة الجديدة

(الأسئلة التالية مجمعة من اختبارين)

1-DM pt...went an elective surgery for hernia ...he is fasting form midnight...concerning his insulin you will give him: a-half dose of morning dose b-half dose of morning and half dose of midnight c-usual insulin dose d-you will let him omit the scheduled surgery dose

2-most common (or first line..i don't remember) Ax for OM; amoxicillin

3-pt with risk factor for developing infective endocarditis..he will underwent an urology surgery..and he is sensitive for penicillin..what you will give him?

IV vancomycin plus IV gentamicin a-

b-oral tetracycline?? c-no need to give

4-long scenario about obese pt and his suffering with life...the important thing that he is snoring while he is sleeping...and the doctors record that

he has about 80 apneic episode to extend that po2 reach 75% no other symptoms..exam is normal..your action:

a-prescribe for him nasal strip b-prescribe

an oral device c-refer to ENT d-refer for

hospital for CPAP and monitoring

5-pt with typical signs and symptoms of DVT..which one of the following will increase her condition:

a-DIC b-Christmas

disease(Haemophilia B) 6-what is

the pathophysiology infection in

DM:

(why they develop infection)

a-decrease phagocytosis b-

decrease immunity c-help in

bacteria overgrowth

7-pt came with pneumocystis carini infection..what is your action?

a-Ax and discharge b-check

HIV for him

8-3 days old baby..with HBV positive..your action?

a-immunoglobulin and one dose vaccination

b-immunoglobulin c-three doses HBV

vaccine

9-varicilla vaccine in adult; a-

2 injection 2 week apart b-2

injection 6 week apart **10-pt**

with mass in his left

shoulder..3 cm in its greatest

diameter...with punctum and

foul white discharge if

squeezed..he is

asymptomatic

Your action: a-

core biopsy **b-total**

excision c-

cryotherapy d-Ax

11-pt with DM and obese ,plane to reduce his wt is : a.decrease
calori intake in day time

b.decrease calori and increase fat

c.decrease by 500 kcal/kg per week

d.decrease 800 per day

12-case about pt with papules in the genital area with central umbilication (hx of unprotected sex)

(Molluscum contagiosum)

a-Acyclovir

he mentioned names of two strange solutions(podofex -monfil??or some thin like that

13-Old pt , right iliac fossa pain, fever for 2 days, diarrhea, on CT thickness of intestinal wall , what to do :

a. Urgent surgical referral .

b. Antibiotic. ???

c. Barium enema.

d. Colonoscopy ???

14-conserning depression: a-SSRI is associated

with20% risk for sexual dysfunction b-venlafaxine can

ve used safely in sever HTN

15-which one of the following is true about exercise :

a- exercise decrease HDL b- exercise increase C reactive protein

c- not useful in central obesity d- to get benifet...you have to exercise dai **16-pt with Hx of unprotected sex...cam with**

penile discharge ...culture done and revealed gram negative diplococcic, Associated picture of the discharge and the gram stain Your diagnosis:

a-chlamydia b-

gonorrhea c-

strept d-staph

17 - 50 years old female with anxiety ...she had a Hx of an interview about one month ago when she became stressed.. anxious ...tachycardic ..dyspnic ... and she had to cancel it , She is always try to avoid that room that she had the interview in it

Diagnosis? a-GAD

b-specific anxiety disorder

c-panic disorder d-post

traumatic disorder **18-**

your plan in

management of Crhons

disease (as long term

management)is to watch

for: a-lopus like disorder

?? not sure b-serum

sickness reaction

19-40 year old female(G2 P2) with hx of heavy bleeding and bleeding between periods....no hx of taking any contraceptive method ...she didn't gave hx of intercourse for more than one year...because her husband in travel ...I don't remember about the examination..but I think it was normal) Your diagnosis: a-anovulatory cycle b-endometrial cancer

20-pt wake up with inability to speak!!..he went to a doctor..he still couldn't speak..but he can cough when he asked to do..

(He gave you a picture of his larynx by laryngoscope..which grossly looks normal!!) Your diagnosis:

a-paralysis of vocal cords

b- infection c- functional

aphonia

21- pt with pain in Rt iliac fossa..while you are doing your palpation he developed an vomiting and nausea !!: your diagnosis? a-crohn's disease b-appendicitis c- diverticulitis

22- best initial antidepressant:

SSRI

23-typical presentation of MANIA..(he asked about the diagnosis)

24-Case of ENTROPION(red eye with pain –inflammation due to rolling in of eye lash)

25-young female with Hx of night sweat and wt loss for about 6 month

-splenomegally-reed sternberg cells in blood picture

your diagnosis is :

a- Hodgkin's lymphoma b-non

Hodgkin's lymphoma **26-**

Goodpasture's syndrome

consist of the following :

Pulmonary hemorrhage and glomerulonephritis

27- pt with ARDS had pneumothorax...what do you think the cause?

- a- Lung damage b- Central
- line insertion c- 100%
- o2

28- 18 old pt wake up with sever rt pleural pain and mild dyspnea on excretion...vitals are stable ..no significant pasr medical Hx (X-ray is attached to the Question showing slight decrease in pulmonary markers of left lower side of Rt lung)

Your action is:

- a- Explain to the pt that this is due to viral pleurisy b-
- Refer the pt for urgent ventilation perfusion scan

29- best method to maintain airway in conscious multiple injury Pt is:

- a- nasopharyngeal device
- b- oropharyngeal device
- c- intubation

**30-child with Hx of sore throat 5 days – fever- O/E: red enlarged tonsils with white plaque with erythematous base ..associated with gingivitis
Diagnosis?**

- a- EBV
 - b- Adenovirus
 - c- Herpes simplex virus
- 31-Pt had rheumatic episode in the past..
He developed mitral stenosis with orifice less than(...mm)
(sever stenosis) This will lead to :**

- a- Lt atrial hypertrophy and dilatation
- b- Lt atrial dilatation and decreased pulmonary wedge pressure
- c- Rt atrial hypertrophy and decreased pulmonary wedge pressure
- d- Rt atrial hypertrophy and chamber constriction

32-cat bite predispose to skin infection by witch organism?

- a- Staph
- b- Strept
- c- Pasteurella multocida

33-best management in case of child with iron overdose ingestion is :

- a- Gastric lavage b- Ipac
- c- Self-induce vomiting

34- Pt in TB outbreak has negative PPD ..best prophylaxis is:

- a- BCG
- b- Chemo prophylaxis

35-Q about alcohol in pregnancy..what is true?

- a- Placenta is a barrier for alcohol b- Alcohol is not associated with miscarriage

36-what is the drug that make Cholecystitis more worse?

- a- Morphine
- b- Naloxone c- Phoso...??
- d- Merpidine

37- pt with rheumatoid arthritis came with swelling in the knee..he asked you about the pathophysiology of that?

- a- Synovial cells secretion substances
- b- Prostaglandin hypersensitivity

38-62 year old Pt has Hx of osteoporotic vertebral fracture ..he did a DEXA scan and scored T:-2.4 _ Z: -1.2 for vertebral bone

And T:-1.2 _ Z: -9 for hip bone

(almost the exact Numbers in the question)

Your diagnosis:

- a- Osteoporosis
- b- Established osteoporosis
- c- Osteopenia **not sure**

39- what is the organism that cause skin rash in children(I think less than 2 years) face ..accompanied with fever :

(cellulitis)

- a- Staph
- b- Strept
- c- H.Influenza

40-Pt taking isotretinoin for Acne...the true thing you have to say to him about the drug is:

- a- it cause oily skin
- b- it cause hypersensitive skin for the sun
- c- it cause enlargement in breast tissue

41-Pt came to your clinic for check -up- O/E: you noticed Exophthalmos

That she were not aware about it..how do you can measure or know the degree of this abnormality?

- a- Ask family members b-
- Ask for old photo c-
- Measure...something?

42- Known case of allergic conjunctivitis ..that suffer in every spring..he is a Gardner and cannot avoid allergic substances...what do you advice him to reduce th symptoms in the night?

- a- Sleep in air conditioned room b-
- Eye drops
- c- Apply cold compressors

43-A old pt came to your clinic to chick for a macule on his back with typical characteristic of MALIGNANT MELANOMA (irregular borders ,asymmetric ,more than .7mm,brown-black colure)

Revise the ABCD mnemonic of melanoma

44- diabetic women with Hx of fetal full term fetal demise in last pregnancy, what is your recommendation for current gestation?

- a- Induction at 36 week b-
- C/S in 38 week

45- when you prescribe wellburtin for smokers to help them to quit ,you have to ask them about what?

Hx of seizures

46- child with erythema and itching and scaling in front of both elbows, behind knees , face ..your diagnosis?

- a- Contact dermatitis
- b- Scabies c- Eczema**

(he didn't mentioned seborrheoid dermatitis)

47- pt with rhomatoid arthritis ..asking you about permanent loss of joints .how to prevent it ... what is the true :

- a- Oil fish can help
- b- Alternative medicine has no benefit c- DRAMADs is sufficient**

48-Q about relative risk ...what does it equals

(schedules is attached to the Q)

49- what is first step to conduct the epidemiological curve?

- a- Collecting samples b- Verifying diagnosis ?? c- To know the incubation period ??

50- one of the fallowing is one of the characteristics of randomized control study??

(I don't remember the stupid choices)

51- child with typical Hx of infectious mononucleosis.. after 8 days he came with abdominal pain... during the examination suddenly he became pale and hypotensive...what is your action?(splenic rupture)

a- IV fluids, Ax , observation b- IV fluids , urgent CT scan 52- pt with typical Hx of viral conjunctivitis in Rt eye..what is your action?

a- Add topical steroid b- Add topical antiviral c- Add topical antibacterial

53- Pt came to you asking about why should we take influenza vaccine annually??what true thing you will tell him? Because :

a- Antibacterial prophylaxis b- Change in mood of transmission c- Changings in virus structure (something like that)

54- pt with cervical spondylosis came with atrophy in Hypothenar muscle and decreased sensation in ulnar nerve distribution.. studies showed alertness in ulnar nerve function in elbow ..tour action is :

a- Physiotherapy b- Cubital tunel decompression

c- Bla bla bla

55- pt came with osteoarthritis and swelling in distal interphalangeal joint... what is the name of this swelling ??

a- Bouchard nodes
b- Heberden's nodes
56- what is boutonnière deformity in RA?

a- PIP flexion with DIP hyperextension
b- PIP flexion with DIP extension
c- PIP extension with DIP flexion

57- A women G1 P1 came to your clinic complaining of amenorrhea ..she is breast feeding for her last child 4 month old.. urine pregnancy test is negative...what is next step?

a- Prolactin level
b- TSH level
c- CT scan

58- post C/S pt .. forth day ..started to develop dyspnea ..your action is :

a- Supportive therapy
b- IV heparin.. arrange for urgent ventilation perfusion scan

59-child with swelling in his Rt thigh with erythema and pain.. no significant past history .. movement still possible .. knee is not swelled .. next step?

a- Blood culture

b- ASO titer c- X- ray 60- man fall down from ladder .. O/E:he almost not breathing ..cyanosed , no breath sound, although Rt side of his chest in hyperresn oant.. your action now is :

a- Rt pneumothorax

b- Intubation c- Tube thoracotomy

d- Lung pleurodesis

NB; no choice like needle aspiration in second intercostal space

61- Old Pt was coughing then he suddenly developed pneumothorax best management:

- a- Rt pneumectomy b-
Intubation
- c- Tube thoracotomy**
- d- Lung pleurodesis

NB; no choice like needle aspiration in second intercostal space



Mostafa Ahmed

My Exam on 29-8-2013

1- Case of acute pharyngitis and arthritis and fever asking about diagnosis :-

A- Rheumatic fever

B- Rheumatoid arthritis C-

juvenile idiopathic arthritis

other disease

2- Female patient ,, the Q show table about wheight and hieght + BMI is 24.2 ,, this patient is

A- Obese

B- Overweight

C- Normal body weight

D- Morbid obesity

3- What is the most true statement about the benefit of excersice continuous steady excersice increase BMI A- Excersice decrease HDL

B- Truncal obesity resistant to excersice

One more statement I didn't remember

4- Dry mouth is SE of

A- Pesudoephidrine B-

Loratidine -

C- Atropine

One more drug -

6- Patient diagnosed and treated from H.pylori .. the doctor should screen him for A- Gastric cancer

B- Gastric bleeding

C- Gastric atrophy

7- Female patient with red macule on face ,, she give hostory that lesion present since birth ,, best treatment

A- Laser

B- Intralesional corticosteroids

- C- Oral corticosteroids
- D- Surgical excision

8- Teacher she say she had contact with known case of meningitis ,, what is the prophylaxis

- A- Rifampicine
- B- Cefuroxime C-
- Amoxicilline D-
- Steroids.

9- Known case of polymyalgia rheumatica came with vision loss ,, sever myalagia and fatigue what is the treatment

- A- Prednisolone
- B- Antibiotics
- C- Tricyclic antidepressent
- One more drug

10- Regarding sexual dysfunction ,, yohimbine and l-arginine are used in the treatment of A- Male impotence

- B- Female organ dysfunction
- C- Azospremia
- D- Female arousic dysfunction

11- Patient came for eye examination , he didn't complain anything no history of medical illness , so the frequency of eye examination A-

- 6-9 month
- B- 1-2 year
- C- 2-3 year
- D- 4-5 year
- E -5-7 year

12- 60 years old male , heavy smokers for 30 years complain of progressive hoarsness of 2 months ,, the Q show pic of vocal

cord ,, the diagnosis is

- A- Papilloma
- B- Nodules
- C- Carcinoma

13- Female she always washing her hands and she have idea that her hands is dirty ,,, the diagnosis is

Obsessive compulsive disorder

14- Case of child , 22kg , dehydrated , the rate of fluid given to this child per hr is

- A- 30ml
- B- 65ml
- C- 90ml
- D- 130ml

15- Patient live in subtropical area came with insect on his lower limb with cholinergic and adrenergic symptoms ,, the cause is A-

Scorpion

B- Brown red reculus spider
2 more choices I didn't remember

16- Best drug for moderate to sever anxiety

- A- Alopazolam
- B- Imipramine
- C- Phenilzine
- D- Haloperidol

17- Patient with sever acne , the benefit of early treatment is

A- Prevent physical scarring

3 more choices I didn't remember

18- Patient came with GCS E4M5V4 the interpretation of the response is

19- Female patient athletic ... 3 month of amenorrhea , physical examination normal ,, lab investigation

FSH , normal LH , normal

Prolactine , normal

The diagnosis

A- Ovarian or adrenal failure

B- Pituitary adenoma

C- **Hypothalamic amenorrhea**

D- Genetic syndrome

20- Treatment of leprosy according to WHO recommendation

A- Colchicines

B- Dapsone

C- **Rifampicine**

Other drug I didn't remember

21- IV drug abuser came complaining of many ohysical illness every week , when patient is ignored and leaved alone he looks good , diagnosis A-

Conversion disorder

B- **Somatic delusion**

Other 2 choices

22- 4 persons came 2-6 hrs after eating meal complaining of vomiting , diarrhea,crampy abdominal pain the causative organism is A-

Staph aureous

B- Colostridium butulinum

C- Cholera

D- Salmonella

21- Lactating women of 10 month baby have , she is known case of seizures on phenobarbiton , she asked you about breast feeding :-

A- Breast feeding after 8 hrs of taking medication

B- Wean for 3 weeks and observe seizures

C- **Contraindication of breast feeding**

D- Stop drug and followup seizures

22- 15 years old female with unilateral breast enlargement o\e mild tenderness and no discharge no mass palpable

A- **reassure the patient**

B- **oestrogen**

C- **OCP**

D- **Tamoxifen**

23- Patient with trauma to the chest came with dyspnea , increase pulse rate and respiratory rate , decrease blood pressure , the Q show pic with left side opacification ,He ask about the best managemet

Chest tube insertion

24- Patient with oethopnea , paroxysmal nocturnal dyspnea , exertional dyspnea and history of mitral valve disease , the diagnosis is

A- **Left side heart failure**

B- Right side heart failure

C- Aortic stenosis

D- pulmonary hypertension

25- HIV patient with eye problem on examination , necrotizing retinitis , flame shaped haemorrhage cotton wool appearance , the causative agents

A- CMV retinitis

B- Toxoplasmosis

C- HSV

More choice

26- Patient with fatigue , weakness , lab result show HB 19,ALP increased , HTC increased , the diagnosis is

Polycythemoa vera

27- Patient with polycythemia after hot shower complain of pruritis , the cause of that

A- Abnormal histamine release

B- Increase histamins sensitivity

2 more choices

28- Obese young patient complain of sever thirsty and polyurea , lab result show

FBS 230 , HbA1c 7.5 , TG increased , cholesterol increased , LFT normal

The best initial treatment is

A- Insulin

B- Biguanides

C- Alpha glcosidase inhibitors

D- Thiasolidinediones

29- Patient came with clinical scenario of lymphoma which is fever , night sweats , fatigues , lymphadenopathy , unexplained weight loss , on microscopic examination show reed-sternberg cells , the diagnosis is

A- Hodgkins lymphoma

B- Non-hodgkins lymphoma

30- Patient treated with clindamycine , came with symptoms and sign of colitis (pseudomembranous colitis) what the most appropriate investigation :-

Clostridium difficile toxins in stool

31- Long term use of high doses of opioids associated with

Renal pain .

32- Patient with hypertrophic subaortic stenosis , undergo dental surgery and asking about prophylaxis

No need for prophylaxis

33- Pregnant lady with history of uterine fibroids , complaining of sever pain , on examination the fetus is alive , what to do ,

A- Pain management

B- Delivery of the baby

34- Which of the following associated with fetal congenital heart disease

A- Rubella

B- Toxoplasmosis

C- HIV

D- HSV

35- Women did pap smear and repeated again showing high intraepithelial undifferentiated cells what to do ..

A- Colposcope

B- Cone biopsy

C- Total hysterectomy

One more choice

36- Patient with discharge from ear , on examination red tympanic membrane , the treatment

A- Oral antibiotics

B- Topical antibiotics

C- Oral steroids

D- Topical steroids

37- Postmenopause women ,, what you should expect

Osteoporosis

38- Drug named methylergotvinine used for treatment of post partum haemorrhage should be avoided in which condition

Maternal HTN

39- Patient with foreign body in eye ,, after removal you must give

A- Topical antibiotics

B- Oral antibiotics

C- Steroids topical

D- Steroids oral

40- Patient complaining of decreased vision acuity within 24 hrs , ocular oain on movement fundoscope show optic disc edema the diagnosis

A- Multiple sclerosis

B- HTN

C- DM

D- One more choice

41- Patient with symptomatic inguinal hernia what statement you should advice to the patient

A- Surgical repair is needed

B- Medical treatment can delay surgical intervention

2 more choices

42- Patient brought by his parents complaining of gum swelling and bleeding with toothbrush , on examination there is red erythematous area and painful vesicle on lips and gums , the causative agents

A- VZV

B- HSV

2 more choices

43- Child with ulcer in mouth , the ulcer margine is well demarcated and red , superficial and yellow floor , very painful , the diagnosis

Aphthous ulcer

44- Which subtype of bipolar disorder type 2 best responsive to lithium

A- Dysphoric

B- Rapid cycling

C- Mixed D-

Classic mania

45- Baby born to mother vaginally develop fever then rash start at face and axial distribution then all over body , the best treatment A-

Acyclovir

B- Varicella zoster immunoglobuline

C- Antibiotics

D- Steroids

أخيراً

ولا أنسى أن أذكر كل من استطع مساعدة الغُرَّ أن لا يُخل بجهده وعلمه ووقته

والله فَعون العبد ما دام العبد فَعون أخه

قد بزننت انجهذ وحاونت أأ أبهغ انقصذ أسأل الله ألا يكيكي هزا انجهذ سشاجأ في ش س ولا يطشا في
 سبخة ولا طعايا غذ سكشأ وأ يكي بانَّ قصد وافيأ ونهغهم شافيا والله أسجى انانَّ بالإخلاص نكي
 يكي يجب انخلاص وَسأل الله انقبل وانشضا وانختى بانحسنى إرا انعَّش أقضى

شكرا لجمُّع الأطباء اصحاب النماذج السابقة

اسأل الله نكى جَّيعا انتفيق وانسداد

لا تُسىَا بي دعائكو سعد آغي

What I want is Just make Doa'a "pray " for me @saadaghi

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The answers provided in this note are a result of the editors' judgment after reviewing the available medical literature and putting their maximal effort in finding the correct answer, however they are subject to mistake. Therefore, the editors are irresponsible for any false answer that might be encountered in this note.

To:

Our colleagues in the medical profession

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Dermatology

Dermatology

1. A picture of psoriasis; pink scaly lesions on the elbow, knees and scalp. The question is asking how to prevent flares?

- a. Avoid sun exposure
- b. Avoid trauma
- c. Use steroids

2. Lichen planus is most commonly found in

- a. Scalp
- b. Knee
- c. Buttocks
- d. Mouth

Most common sites of involvement; wrists & forearms, lumbar region, and ankles, mouth lesions are also common (30-70%). (Ref. Rooks)

3. A patient who is a known case of HIV has a white patch in the oral cavity; what is the appropriate management?

- a. Oral antibiotics
- b. Local antibiotics
- c. Local steroids
- d. Chemotherapy & radiotherapy?

Two possible diagnoses 1) candidiasis which is treated by antifungals and 2) Kaposi sarcoma which is managed by chemotherapy and radiotherapy.

4. A middle aged patient with ataxia, multiple skin pigmentations and decreased hearing, one of the family member has the same condition, what is the most likely diagnosis?

- a. Malignant melanoma
- b. Neurofibromatosis
- c. Hemochromatosis
- d. Measles
- e. Nevi

5. A college student is complaining of severe itching in the ankle and between his fingers, this is the first attack, on examination the lesions are well demarcated. What is the most likely diagnosis?

- a. Scabies
- b. Tinea

6. A picture of a face with red scaly lesions on the nasal folds and around the mouth, and the question is asking about the diagnosis.

- a. Seborrheic dermatitis

7. Which of the following drugs is considered as an urticaria-inducing drug?

- a. Azithromycin
- b. Hydralazine
- c. Cortisone
- d. Penicillin

8. What is the treatment of psoriasis?

Topical agents (steroids, retinoids, and moisturizers) are used for mild disease, phototherapy for moderate disease, and systemic agents (methotrexate, cyclosporine and retinoids) for severe disease. Steroids are the method of choice in prevention of flares.

9. What is the treatment of scabies?

- a. Permethrin

10. A 42 years old patient with a 5-days history of skin eruptions involving hands and soles (no other information); what is the most likely diagnosis?

- a. Erythema Multiforme
- b. Fixed drug eruption
- c. Pityriasis Rosea
- d. Varicella
- e. Erythema nodosum

Dermatology

11. A patient presented with a polygonal rash that is flat topped. What is the most likely diagnosis?

- a. Lichen planus

12. A patient presented with a vesicular rash. What is the most likely diagnosis?

- a. Chicken pox

13. Patient with pustule around the mouth the organism is herpes simplex what is the treatment.

- a. Oral antibiotic
- b. Topical antibiotic
- c. Acyclovir
- d. Steroid (topical or oral)

In a patient with intact immune system, the lesion may heal without medications.

14. Which of the following is true about dermatomyositis?

- a. It is associated with inflammatory bowel disease
- b. It might be associated with underlying GI malignancy
- c. It presents as distal muscle weakness

15. What is the treatment of Tinea Capitis?

- a. Start Nystatin
- b. Wood lamp

Wood lamp examination aids in diagnosis & treatment is by oral antifungals mainly Griseofulvin (I didn't find that nystatin is used).

16. Nodule

- a. Don't do anything so you don't rupture it
- b. Cryotherapy >> true

17. A case of rosacea (red patches on the face with telangiectasia). What is the treatment?

- a. Doxycycline

18. A young male is complaining of a single whitish patch on his chest in cold weather, and when he goes into a hot area it becomes hypopigmented. What is the diagnosis?

a. Tinea Versicolor

19. A patient presents with a scaly rash on the face and flexor surfaces of the limbs. What is the most likely diagnosis?

a. Atopic Dermatitis

b. Contact dermatitis

c. Seborrheic dermatitis

20. What is the treatment of pyoderma gangrenosum?

a. Steroids

b. Topical antibiotics

c. Oral antibiotics

d. Methotrexate

e. Plasmaphoresis

Treatment is usually directed towards the cause rather than the lesion; however, steroids and immunologic agents may be used.

21. A patient presented with an eruption that is not scaly and resistant to meconazole. What is it?

a. Drug eruptions?

22. A 19 years old patient, not known to have any medical illnesses, presented with fever, arthritis, and rash mainly in the palms and soles, he gave a history of illegal sexual relations. What is he mostly having?

a. Chancroid

b. Secondary syphilis

c. Chlamydia trachomatis

23. A female is having itching in her vulva and thighs. What is the most likely diagnosis?

a. Contact dermatitis?

b. Other options that I don't remember

Dermatology

24. A patient presented with severe itching with circular wheals and a scar in the center, then he developed swelling in his mouth and lips. What is the diagnosis?

- a. Dermatographia
- b. Solar urticaria
- c. Cold urticaria
- d. Cold urticaria and angioedema

25. A patient started complaining of scaly and itchy lesions on the posterior aspect of both knees and the anterior aspect of his elbows. What is the most likely diagnosis?

- a. Contact dermatitis
- b. Scabies
- c. Eczema

26. A 62 years old patient is complaining of blistering on his leg, shown in the picture, what is the diagnosis?

- a. Bullous pemphigoid (a tense bulla) → more likely
- b. Pemphigus vulgaris (flat, usually on mucosal surfaces first)

27. A patient is complaining of vesicles along the distribution of one dermatome. What is the diagnosis?

- a. Varicella zoster
- b. Eczema
- c. Herpes

28. A patient is taking isotretinoin for Acne. What of the following is true about this drug?

- a. It causes oily skin
- b. It causes hypersensitive skin for the sun
- c. It causes enlargement in breast tissue

29. In a patient with moderately severe acne vulgaris what is the best treatment?

- a. Oral Isotretinoin
- b. Topical Retinoids
- c. Topical Clindamycin
- d. Oral antibiotics

30. Which of the following drugs is used in the treatment of cold urticaria?

- a. Cyproheptadine (Periactin)
- b. Prednisone
- c. Montelukast
- d. Nifedipine
- e. Aspirin

31. An 80 year old man complains of severe itching mainly in the wrist and between his fingers, his condition is associated with excoriation marks and it is superimposed by secondary infection, the patient recently finished a 10-days course of antibiotics. What is the diagnosis?

- a. Monilia
- b. Eczema
- c. Icythiosis

32. A 2-month-old infant presented with white blanched papules in the face. What is your action?

- a. Reassurance
- b. Topical steroids
- c. Antibiotics

Erythema toxicum neonatorum.

33. What is the treatment of cold urticaria?

Avoid exposure to cold, warming after exposure, and the use of antihistamines. Patients must also carry an EPI pen just in case a more severe reaction occurs.

Dermatology

34. A patient with acne of several appearances open, closed, and red. This Acne is most likely:

- a. Obstructive
- b. Inflammatory

35. A patient presented with a large nodule on his nose, which is painful, and it is associated with telangiectasia. What is the drug of choice in this condition?

- a. Doxycycline
- b. Clindamycin
- c. Retinoid

This is a case of rosacea.

36. A post partum female is complaining of brownish discoloration over her face following sun exposure. What is the most likely diagnosis?

- a. Melasma?

37. A picture showing an area of raised skin with a black dot in the middle. What is this lesion?

- a. Molluscum Contagiosum
- b. Viral warts
- c. Erythema nodosum
- d. Chicken pox

38. What is the mechanism of vitamin C in wound healing?

- a. Epithelialization
- b. Aerobic fibroblast synthesis
- c. Collagen synthesis
- d. Enhance vascularization

39. The main treatment of non-inflammatory acne is:

- a. Retinoic acid**
- b. Clindamycin
- c. Azalic acid
- d. Erythromycin

40. A 15 years old boy presents with patches in the right lower leg, these patches are clear in the center and red in the periphery, there is no fever or any other complains. What is the diagnosis? (There was a picture showing a lesion in the groin area)

- a. Contact dermatitis
- b. Tinea corpora
- c. Lyme disease
- d. Psoriasis

It could be (b) or (c); tinea corpora is more likely because it produces a ring appearance with central healing with no systemic symptoms; however, in Lyme's disease the bulls eye appearance is associated with systemic symptoms.

41. A patient has a scaly hypopigmented macule on his chest that seems even lighter under the sunlight, what is the treatment?

- a. Topical steroids
- b. Na selenium
- c. Topical antibiotics
- d. Oral antibiotics

This is a case of tinea versicolor, which is treated by either antifungals or Selenium sulfide shampoo.

42. A patient presented with honey like colored facial lesions with crusts and yellowish blisters. What is the diagnosis?

- a. Impetigo**

43. A question about Erythema Nodosum.

Painful red nodules treated with NSAIDs not steroids.

Dermatology

44. A mother brought her baby that was complaining of diaper rash. She used cornstarch, talc powder, zinc ointment and 3 different types of corticosteroids prescribed by different physicians but with no benefit. The rash was well demarcated, scaly, and with satellite lesions. The most likely diagnosis is?

- a. **Candidal rash**
- b. Seborrheic dermatitis
- c. Allergic contact dermatitis

45. A patient presented with a 2 cm dome shaped (volcano-like) mass in the dorsum of his hand. It is covered by keratin. What's the most likely diagnosis?

- a. Basal cell carcinoma
- b. Malignant melanoma
- c. **Keratocanthoma**

46. The treatment of comedones in acne is?

- a. **Topical retinoids**

47. The treatment of papules or pustules in acne is?

Topical benzoyl peroxide plus topical antibiotics, mainly clindamycin or erythromycin, and plus retinoids.

48. A male presents with itching in the groin that is associated with erythematous lesions with clear centers, what is diagnosis?

- a. Psoriasis
- b. **Tinea Cruris**
- c. Erythrasma

N.B. Tinea Cruris (groin ringworm), while Tinea Corporis (ringworm of arm/leg).

49. An athlete with tinea pedis, what is the best treatment?

- a. Topical antifungal**
- b. Systemic antifungal
- c. A drug that starts with trebenafine

Start with topical antifungals, and systemic drugs are reserved for severe cases

50. A male patient has hair loss that started in the fronto-temporal region and the moved towards the vertex (top of the head). What is the diagnosis?

- a. Androgenic Alopecia
- b. Tinea Capitis**

51. A 10-year-old child is having hair loss on his temporal side, on examination it was about 2X2 cm and everything was normal, microscopic examination showed clubbed attenuated hair. What is the diagnosis?

- a. Alopecia Areata
- b. Tinea Capitis**
- c. Trichotillomania

52. A patient presented with a maculopapular rash and nodules that are present in the face, neck, and wrists. Lab studies showed acid-fast bacilli, so what is the diagnosis?

- a. TB
- b. LEPROSY**

53. A picture of a wart in the hand, the question is asking about the diagnosis.

- a. HPV**

Dermatology

54. A television actress is suffering from rosacea. Since she states that the appearance will affect her career, what is your choice of treatment?

- a. Oral antibiotics
- b. Antihistamines
- c. Topical antibiotics
- d. Laser

55. A patient presents with hypopigmentation in the left arm associated with ulnar nerve hypertrophy. What is the diagnosis?

- a. TB
- b. AMYLOIDOSIS
- c. VITILIGO
- d. LEPROSY

56. An old male presents with back pain. His examination was unremarkable. You gave him steroids and he came back with vesicles from the back to the abdomen. What is the diagnosis?

- a. Varicella Zoster

57. A Patient presented with a bullous in his foot, biopsy showed sub dermal lysis, and fluorescent stain showed IgG, what is the most likely diagnosis.

- a. Bullous Epidermolysis
- b. Pemphigoid Vulgaris
- c. Herpetic Multiforme
- d. Bullous Pemphigoid

58. A patient presented with cystic nodules (acne) and scars, what is the best treatment?

- a. Retinoic Acid
- b. Erythromycin
- c. Doxycycline

59. What is the treatment of Seborrheic Dermatitis?

- a. Ketoconazole shampoo

60. A patient presented with sudden skin eruptions over the face and neck, then they involved his palms and soles. What is the diagnosis?

- a. Erythema Multiforme
- b. Drug eruptions**
- c. Measles

61. A Live guard came for his annual examination. He had no complaint. His examination showed painless macular discoloration over the face. There is a history of unprotected exposure to sunrays. What is the most likely diagnosis?

- a. Squamous cell carcinoma**

Emergency Medicine

1. A lady brought to you after she ingested high dose of paracetamol tablets 8 hours back, Rx:

a. N-acetylcystine

2. Baby brought to you after he ingested drug tablets from his relative's house, initial management:

a. gastric lavage

b. charcoal

3. A child swallowed his relative's medication. What is the best way of gastric decontamination?

a. Gastric lavage

b. Total bowel irrigation (whole bowel wash)

c. Syrup ipecac

d. Activated charcoal

4. A child was brought by his mother due to bleeding per nose; by examination you found many bruises in his body, over his back, abdomen and thigh, what is your diagnosis:

a. Child abuse

5. A patient comes with metabolic acidosis, an overdose with which of the following drugs will cause such an abnormality?

a. Salicylate

Other drugs include: ethanol, isoniazid, iron, metformin, and acetazolamide.

6. Burn involved 3 layers of the skin called:

a. Partial thickness

b. Full thickness

c. Superficial

d. Deep

Emergency Medicine

7. Cherry red skin found in:

- a. Polycythema
- b. CO poisoning

8. Most serious symptom of CO poisoning is:

- a. Hypotension
- b. Arrhythmia??
- c. Cyanosis
- d. Seizure

9. A patient presented to the ER with diarrhea, nausea, vomiting, salivation, lacrimation and abdominal cramps. What do you suspect?

- a. Organophosphate poisoning

10. Patient developed lightheadedness and SOB after bee sting. You should treat him with the following:

- a. Epinephrine injection, antihistamine and IV fluid
- b. Antihistamine alone

11. Patient present with high blood pressure (systolic 200), tachycardia, mydriasis, and sweating. What is the toxicity?

- a. Anticholinergic
- b. Sympathomimetic
- c. Tricyclic antidepressant
- d. Organophosphorous compounds

(a) causes dry skin, (c) causes hypotension, and (d) causes miosis.

12. Female after sexual attack on exam hymen tear in

- a. a-2 o'clock
- b. b-4
- c. c-6
- d. d-8

Most likely answers, I am not sure 100 %.

- 13. Using gastric lavage**
- a. Useless after 8 hours of ASA ingestion
 - b. No benefit after 6 hours of TCA ingestion
 - c. Patient should be in the right lateral position
- 14. Massive overdose of aspirin 50 tabs 6 hours before, asking for the best management:**
- a. Urine alkalization and dialysis
- 15. What is the metabolic disturbance seen with aspirin toxicity?**
- a. Respiratory alkalosis with metabolic acidosis
- 16. Opioids antidote:**
- a. Naloxone
- 17. In battered women which is true:**
- a. Mostly they come from poor socioeconomic area
 - b. Usually they marry a second violent man
 - c. Mostly they come to the E/R c/o from other symptoms?
 - d. Mostly they think that the husband responds like this because they still have strong feeling for them
- 18. After accident patient with tachycardia, hypotension, what will be your initial step:**
- a. Rapid IVF crystalloid
 - b. CT
- 19. A patient with mushroom toxicity will present with**
- a. Constipation
 - b. Hallucination
 - c. Anhydrosis

Emergency Medicine

20. Child ate overdose of iron, best immediate management
- a. Gastric lavage
 - b. Induce vomiting manually
 - c. Emetic drugs
 - d. Ipecac
 - e. Activated charcoal
21. An alcoholic patient complains of headache, dilated pupil hyperactivity, agitation. He had history of alcohol withdrawal last week so ttt is
- a. a-diazepam
 - b. b-naxtrol
 - c. c-haloperidol
 - d. d?????????
22. A child came to ER with fever, stridor, x-ray showed swollen epiglottis, in addition to oxygen, what u will do?
- a. Throat examination.
 - b. An emergency tracheostomy.
 - c. Endotracheal intubation.
 - d. Nasopharyngeal intubation.
23. Arterial injury is characterized by :
- a. Dark in color and steady .
 - b. Dark in color and spurting .
 - c. Bright red and steady .
 - d. Bright red and spurting .
24. The most common cause of death on site in a burn patient is?
- a. Inhalational injury.

25. A burn patient is treated with Silver Sulfadiazine, the toxicity of this drug can cause:

- a. Leukocytosis
- b. Neutropenia**
- c. Electrolyte disturbance
- d. Hypokalemia

26. Charcoal doesn't bind to the following toxins except:

- a. CN
- b. ETOH
- c. Lithium
- d. Cocaine
- e. Chloral hydrate

It doesn't bind to CN, ETOH, or Lithium. However, it binds to both cocaine and chloral hydrate.

27. All the followings are expected with IV NAC except:

- a. Anaphylactoid reaction
- b. Hyponatremia
- c. Higher portal vein concentration than PO NAC
- d. Fetal toxicity**
- e. Hyperglycemia

28. In corrosive injury, all are true except:

- a. Acids cause coagulant necrosis
- b. Alkali cause liquefactive necrosis
- c. Acids don't penetrate deeply
- d. Hydrofluoric acid causes coagulative necrosis
- e. Alkali injury is more serious**

29. All are criteria for a toxin to be dialyzable except:

- a. Low VD
- b. Low protein binding
- c. Low molecular weight
- d. Low endogenous clearance
- e. Low H₂O solubility**

Emergency Medicine

30. All are dialyzable toxins except:

- a. Methanol
- b. Lithium
- c. ASA
- d. ETOH
- e. Amitriptyline

31. Regarding button battery; all are true except:

- a. High risk for lead/ mercury toxicity
- b. Can lead to nasal septal perforation
- c. Can be treated conservatively if passed Gastroesophageal junction
- d. Endoscopy should be done A.S.A.P if lodged in the esophagus.

32. All the followings indicate poisonous snakes except:

- a. Heat-Sensitive pits
- b. Red on yellow strips
- c. Anterior fangs
- d. Elliptical pupil
- e. Triangular head

All of the characters mentioned indicate poisonous snakes (red-black strips indicate non-poisonous).

33. Saline diuresis increases clearance of all these toxins except:

- a. Lithium X
- b. ASA
- c. Iodide
- d. Meprobamate X
- e. Cyclophosphamide

34. Alkaline diuresis increases clearance of all the following toxins except:

- a. ASA
- b. Fluoride
- c. Phenobarbital
- d. TCA
- e. Chlorpropamide

35. All are hepatotoxins except:

- a. ETOH
- b. CCL₄
- c. Jimson weed
- d. APAP
- e. Amanita phalloides

?? All are considered toxic to the liver

36. Regarding use of Atropine in Organophosphate OD, all are true except:

- a. The goal is to restore muscle activity
- b. Binds to muscarinic receptors
- c. Can cause CNS agitation
- d. The end point is to dry all secretions
- e. No maximum dose

37. All the following are indications for IV NAC in chronic APAP OD except:

- a. APAP Level > 10
- b. > 7.5g in 24h in adult
- c. > 100 mg/kg in 24h in healthy kids
- d. APAP Level < 10 + normal AST + RUQ pain/vomiting
- e. APAP Level < 10 + AST X2

It should be > 150 mg/kg in children.

38. All could be life -threatening envenomations except:

- a. Bees
- b. Fire ants
- c. Scorpions
- d. Brown recluse spider
- e. Black widow spider

39. All are accepted mechanisms of CO toxicity except:

- a. Cytochrome oxidase inhibition
- b. Lipid peroxidation
- c. Binding to cardiac myoglobin
- d. Uncoupler
- e. Binding to skeletal myoglobin

40. What OD mimics Organophosphate OD:

- a. Theophylline
- b. Caffeine
- c. Nicotine
- d. Cocaine
- e. TCA

41. Human bite to the hand greatest risk of infection in which position?

- a. dependent
- b. clenched
- c. finger extended

42. Cat bites

Mostly occur in the upper limb, and usually result in puncture wound, thus they are very difficult to evaluate and result in higher rate of infection than dog bites. Cat scratch disease (by *Bartonella henselae*) is a possible complication of cat bites.

43. 30 year old psychiatric patient presented to ER after 5 hours of ingestion of two safety pins, X-Ray shown it in small bowel, What I your action:

- a. Admit for surgery
- b. Discharge if he is stable
- c. Admit for repetitive X-Ray and abdominal exam**
- d. Give him tetanus toxoid

44. Which organ is affected in ingestion of overdose of acetaminophen?

- a. Liver**
- b. Kidney
- c. Intestine
- d. Stomach

45. Long scenario for a pt came to ER after RTA, splenic rupture was clear, accurate sentence describe long term management:

Pneumococcal and meningococcal vaccines are required for capsulated organisms.

46. A child swallowed a battery that is shown to be in the esophagus, what is next step?

- a. a-observe for 12 hrs
- b. b-surgical removal
- c. c-use foley catheter to remove
- d. d- remove by endoscope**

47. Young aged male presented to ER after blunt trauma to Abdomen, CT scan shows intramural hematoma, your management is?

- a. Lapratomy with evacuation of the hematoma
- b. Dissection of duodenum
- c. Observation**

Emergency Medicine

48. The CPR for child is

- a. 30 chest compression-2 ventilation (1-rescuer)
- b. 15 chest compressions-2 ventilation (2-rescuers)
- c. 15 chest compression 1 ventilation

49. Child over-consumed a prescribed nutritional supplement and developed abdominal pain, black vomiting, and diarrhea. What is it?

- a. Iron
- b. Multivitamins

50. A child came to the ER after ingestion of multiple iron tablet of his relative & iron concentration in his blood is 700ml what is the best intervention

- a. Gastric lavage
- b. Charcoal oil
- c. IV deferoxamine

51. Patient complaining of torso pain after using tan bed, on examination skin on the chest was red, reblenchable and painful:

- a. 1st degree burn
- b. 2nd degree burn
- c. 3rd degree burn

52. Which of the following is contraindication for nasogastric lavage:

- a. quinine
- b. erosive material

53. A patient with mixed 1st & 2nd degree burns in head & neck region, what is the most appropriate management?

- a. Apply silver sulfadiazine and cream to all burned areas, cover them and admit to hospital
- b. Apply cream to 2nd degree burns and cover them, give IV fluids
- c. Debridement of 2nd degree burns and ...
- d. Apply silver sulfadiazine then Vaseline ointment to all areas then discharge the patient

As long as the face is involved the patient should be admitted.

54. Patient with lacrimation, salivation, diarrhea, what is the antidote:

- a. Atropine

55. Organophosphorus poisoning, what is the antidote?

- a. Atropine
- b. Physostigmine
- c. Neostigmine
- d. Pilocarpine
- e. Endrophonium

56. Besides IV fluids, what is the most important drug to be given in anaphylaxis?

- a. Epinephrine
- b. Steroids
- c. ??? Other choices

57. About head & neck injury, which is true?

- a. Hoarsness of voice & Stridor can occur with midfacial injury
- b. Upper airway injury commonly occurs with midfacial injury
- c. Tracheostomy is contraindicated

Emergency Medicine

58. A patient presented to the ER after a cat bite with greenish discharge which organism:

- a. staph aureus
- b. pseudomonas aeruginosa
- c. bacterioides
- d. strept. Viridans

59. pt come in emergency with complaint of HCL burn on her, the skin of the pt is burnt, now emergency treatment is

- a. NaHCO_3
- b. DEBRIDEMENT
- c. WATER IRRIGATION
- d. ???

60. pt come in emergency with frozen foot, FIRST AID treatment is

- a. HEAT AND WARM AIR
- b. IN WARM WATER
- c. GIVE COFFE AND TEA
- d. RUBBING THE FOOT

61. A child took an unknown medicine and presented in the emergency with decreased level of consciousness, pinpoint pupil, urination, diarrhea, diaphoresis, lacrimation, excitation, and salivation. The treatment is

- a. gastric lavage
- b. activated charcoal
- c. atropine
- d. naloxone

62. A young fireman come to ER complain of headache and dizziness after some activity (they mention something I couldn't remember) ABG show, normal partial pressure of oxygen what is the first step in this patient?

- a. O₂ therapy
- b. C-xray
- c. Carboxyhemoglobin level
- d. Anemia evaluation

Query CO poisoning CO levels must be checked to guide our management.

63. Which rule used to calculate burn surface area in case of burn:

- a. Nine
- b. Seven

64. pt came to ER decreased level of consciousness and pinpoint pupil?

- a. opiate over dose

65. A baby fell down from stairs and came with multiple contusions some of them were old and X-ray show fracture in radius how to manage?

- a. Splinter for his hand
- b. Hospitalization and call social worker

Family and Community Medicine

1. Tertiary prevention:

- a. Seat belt (primary)
- b. Influenza vaccine for elderly (primary)
- c. DPT vaccine for children (primary)
- d. **Coronary bypass**

2. Definition of epidemiology:

It is the study of the distribution and determinants of health-related states or events in specified human populations.

3. The most important factor for smoker to quit is:

- a. **Patient desire**
- b. Give nicotine pills
- c. Give programmed plan
- d. Change life style

4. What is questionnaire used to differentiate between sleep apnea and snoring?

- a. Michigan
- b. **Epworth**
- c. Cooner

5. In epidemiological investigation best thing to do 1st:

- a. Good sample
- b. Count those who have the disease
- c. **Verifying diagnosis?**

1st step is to establish the existence of an outbreak and the 2nd step is to verify the diagnosis.

6. Likelihood ratio of a disease incidence is 0.3 mean:

- a. Large increase
- b. Small increase
- c. No change
- d. **Small decrease**
- e. Large decrease

Family and Community Medicine

7. As doctor if you see patient and you face difficulty to get accurate information from him the best tactic to do it is:

- a. Ask direct question (close-ended)
- b. Ask open question
- c. Control way of discussion
- d. Use medical terms

8. Endemic means:

- a. Spread of disease in incidence all the time
- b. It cause by virulent pathologic organism
- c. Spread of disease from country to country by carrier
- d. Rapid spread of disease
- e. There is very low incidence

9. Patient diagnosed with DM type 2 and he is in your office to discuss with him the plane to reduce his weight, you will told him to:

- a. Decrease calorie intake in daytime
- b. Decrease calorie and increase fat
- c. Decrease by 500 kcal/kg per week
- d. Decrease 800 per day

10. In PHC, from 50 children 10 got the disease on the 1st week, another 30 on the subsequent 2 weeks, what is the incidence of the disease in that PHC?

- a. 20%
- b. 40%
- c. 60%
- d. 80%

11. 15 y/o. (table with height and weight) and they said: BMI= 24.4:

- a. Normal weight
- b. Overweight
- c. Obese

12. Smoking withdrawal symptoms peak at:

- a. 1-2 days
- b. 2-4 days
- c. 5-7 days
- d. 10-14 days

13. Drug used in smoking cessation contraindicated in pt.:

- a. History of seizures

14. Relative Risk

Exposed/Disease	Yes	No
Yes	A	B
No	C	D

$$RR = [A/(A+B)]/[C/(C+D)] = [\text{disease in exposed}/\text{disease in unexposed}]$$

More than 1 = positive relation

Less than 1 = negative relation

1 = no relation

15. What is the attributable risk?

Difference in rates of disease between exposed and unexposed populations.

$$AR = [\text{disease in exposed} - \text{disease in unexposed}]$$

16. The most effective way in health education:

- a. Mass media
- b. Group discussion
- c. Individual approach??

17. PT case of CHF, loved to eat outdoor 2-3 time weekly u advice him:

- a. Eat without any salt
- b. Eat 4-grams of salt daily
- c. Low fat, high protein

Family and Community Medicine

18. Adolescent female counseling on fast food. What you should give her:

- a. Ca + folic acid
- b. Vit C + folic acid**
- c. Zinc + folic acid
- d. Zinc + Vit C

19. Study on population of 10000 they found 2000 have DM at end of study increase 1000 what is incidence of DM:

- a. 10%**
- b. 12%
- c. 24%

20. Perinatal mortality means:

- a. number of still birth <20 WEEK gestational age
- b. number of stillbirth + first week after birth**
- c. number of deaths /1000

21. Best method for eradication of Entamoeba histolytica:

- a. Boiling of water**
- b. Freezing
- c. Using chloride

22. Case control study

Retrospective comparison of patients with the disease with healthy controls; it uses odds ratio; its advantages are: used for rare diseases, small group sizes, and can study multiple types of exposure.

23. One of the following is a characteristic of randomized control study?

A prospective comparison of patients receiving experimental treatment with placebo controls. The patients are randomized. It is the gold standard for clinical trials.

- 24. Best way to promote health in populations**
- a. Environment modification
 - b. Promote personnel hygiene?**
- 25. What is the best method for disease prevention?**
- a. Immunization**
 - b. Teaching individual how to protect them self
- 26. Best food in travelling is:**
- a. Boiling water**
 - b. Water
 - c. Ice
 - d. Partial cooked fish and meat
- 27. What is the deficient vitamin in infantile beri beri:**
- a. B₁**
 - b. C
 - c. E
 - d. Niacin
- 28. Major aim of PHC in Saudi Arabia:**
- a. To provide comprehensive maternal & child health**
- 29. A patient has diarrhea, dermatitis and dementia diagnosis:**
- a. Pellagra**
- 30. In developing countries to prevent dental carries, it add to water**
- a. Fluoride**
 - b. Zinc
 - c. Copper
 - d. Iodide

Family and Community Medicine

31. The most powerful epidemiologic study is:
- a. retrospective case control study
 - b. cohort study
 - c. cross-sectional study
 - d. historic time data
 - e. secondary data analysis
32. Proven to prevent some cancers:
- a. a-Ca
 - b. b-Folic Acid
 - c. c-Vit.D
33. One of the following decrease the chances of colon cancer:
- a. Zinc
 - b. Vit. E
 - c. Vit C
 - d. Folic acid
34. Best sentence to describe specificity of a screening test, is the group of people who:
- a. Are negative of disease, and test is negative
 - b. Are positive of disease, and test is negative
 - c. Are positive compared to total other people
 - d. Negative disease, positive test
 - e. Positive disease, negative test
- Sensitivity: probability that a test is +ve in patients with the disease
Specificity: probability that a test is -ve in patients without the disease
35. In a certain study they are selecting the 10th family in each group that is the type of study:
- a. Systemic study
 - b. Non-randomized study
 - c. Stratified study

- 36. Definition of the positive predictive value (PPV):**
- a. PPV: probability that a patient with a +ve test has the disease
 - b. NPV: probability that a patient with a -ve test doesn't have the disease
- 37. Your advice to prevent plaque disease is**
- a. a-hand washing
 - b. b-rodent eradication
 - c. c-spray insecticide
- 38. Secondary prevention is least likely of benefit in:**
- a. Breast cancer
 - b. Leukemia
 - c. DM
 - d. Toxemia of pregnancy
- 39. Standard deviation measures:**
- a. Variability
- 40. Which of the following increases the quality of the randomized controlled study & make it stronger:**
- a. Systemic Assignment predictability by participants
 - b. Open Allocation
 - c. Including only the participants who received the full intervention
 - d. Following at least 50 % of the participants
 - e. Giving similar intervention to similar groups
- 41. Patient with hypercholesterolemia, he should avoid:**
- a. Organ meat
 - b. Avocado
 - c. Chicken
 - d. White egg

Family and Community Medicine

42. A mother brought her 10 y/o obese boy to the family practice clinic, what is your advice:

- a. Same dietary habits only exercise
- b. Fat free diet
- c. Multifactorial intervention

43. Attack rate for school children that developed pink eye, first day 10 out of 50, second day 30 out of 50:

- a. 20
- b. 40
- c. 60
- d. 80

44. Diet supplement for osteoarthritis

- a. Ginger

45. Cholera prophylaxis:

- a. Dukoral & tetracycline

46. A patient is taking bupropion to quit smoking what is SE

- a. Arrhythmia
- b. Seizure
- c. Xerostomia
- d. Headache

2,3,4 are correct, but according to GSK (manufacturer) & FDA xerostomia is the most common.

47. Dust mite how to prevent:

- a. Decreasing humidity, cleaning clothes and pillows that harbor them.

48. 10 people developed nausea, vomiting and diarrhea after a party:

- a. (Staph - Aureus)

49. Best way to prevent infection in nursery
- a. Hand wash before and after examining the infants
 - b. Gowns
 - c. Antiseptic something
50. Mother came with her child who had botulism, what you will advice her:
- a. Never eat canned food again
 - b. Store canned food at home
 - c. Boil canned food for 40-50 min
 - d. Check expiry date of canned food
51. Malaria case, beside antibiotics how to prevent?
- a. Kill the vector
52. While you are in the clinic you find that many patients presents with red follicular conjunctivitis (Chlamydia) your management is:
- a. Improve water supply and sanitation
 - b. Improve sanitation and destroying of the vector
 - c. Eradication of the reservoir and destroying the vector
 - d. Destroy the vector and improve the sanitation
53. What is the vector for leshmania?
- a. Sand fly
54. The best way to eliminate brucellosis is?
- a. Milk pasteurization
55. Best preventive method for Lyme disease:
- a. Insect repellent
 - b. Wear fiber long sleeve clothes

Family and Community Medicine

56. Most difficult method to prevented in transmission:

- a. Person to person
- b. Vector
- c. Droplet
- d. Airflow

57. All are 1ry prevention of anemia except:

- a. health education about food rich in iron
- b. iron fortified food in childhood
- c. limitation of cow milk before 12 month of age
- d. genetic screening for hereditary anemia
- e. iron and folic acid supplementation in pregnancy and postnatal period

58. Regarding screening for cancer, which of the following is true?

- a. Screening for cervical cancer had decreased in recent years
- b. Screening for breast cancer had decreased in recent years
- c. Screening for Colorectal cancer is inadequate for the high-risk groups
- d. Screening for lung cancer has reduced the mortality rate of lung cancer
- e. Screening for tobacco use is now adequately done by health professionals

59. Statistics of a village in 2008:

Total number of population: 2500

Total number of stillbirth: 10

Total number of live birth: 18

Total number of dead: 25

Total number of marriage: 15

The crude death rate in this village in 2008 is:

- a. 10%
- b. 14%
- c. 25%

Crude death rate = no. of deaths per 1000

60. A man travelled to some country, there is endemic of onchocerciasis, he stays there for 1 wk. His liability to get this disease is

- a. HIGH
- b. SEVERE
- c. MINIMUM
- d. NON-EXISTENT

61. Child having scabies ... telling the possibilities to mother in infecting the other children in the house, it transmit through

- a. personal contact
- b. Blood
- c. air contaminated
- d. water

62. Child having vomiting, nystagmus and difficulty in walking the cause is

- a. dry beriberi
- b. wet Beriberi
- c. pellagra
- d. VIT A DEF

63. Best thing to facilitate iron absorption:

- a. Calcium
- b. Vitamin D
- c. Zinc
- d. Vitamin C

64. A patient that is having an infection with flavivirus, prevention from the disease to contacts is

- a. isolate the patient
- b. separate his clothes
- c. if vaccinated then contact will never get the disease
- d. do nothing

Family and Community Medicine

65. You are a doctor in the hospital and want to control the infection in the hospital, the most important think to take care of is:

- a. Water sanitation
- b. Air flow control
- c. Food sanitation

66. Normal daily caloric intake is:

- a. 0.3 kcal/kg
- b. 1.3 kcal/kg
- c. 2.0 kcal/kg
- d. 3.5 kcal/kg
- e. 35 kcal/kg

67. An example of secondary prevention is:

- a. Detection of asymptomatic diabetic patient
- b. Coronary bypass graft
- c. Measles vaccination
- d. Rubella vaccination

68. Secondary prevention is best effective in:

- a. DM
- b. Leukemia
- c. Pre-eclampsia
- d. Malabsorption

69. Null hypothesis:

- a. The effect is not attributed to chance
- b. There is significant difference between the tested populations
- c. There is no significant difference between the tested populations

70. You have an appointment with your patient at 10 am who is newly diagnosed DM, you came late at 11 am because you have another complicated patient, what are you going to say to control his anger:

71. Most common medical problems faced in primary health care is:

- a. Coryza**
- b. UTI
- c. Hypertension
- d. Diabetes

72. You were working in a clinic with a consultant who prescribed a drug that was contraindicated to the patient (the patient was allergic to that drug) but you didn't interfere & assumed that he knows better than you do. Which of the following you have violated:

- a. Professional competence
- b. Quality of patient care**
- c. Honesty
- d. Patient relationship
- e. Maintaining trust

73. Physician's carelessness is known as:

- a. Malpractice**
- b. Criminal neglect
- c. Malfeasance
- d. Nonfeasance

74. For health education programs to be successful all are true except:

- a. Human behavior must be well understood
- b. Information should be from cultural background
- c. Doctors are the only health educators**
- d. Methods include pictures and videos (mass media)
- e. Involve society members at early stage

Family and Community Medicine

75. What is the most important in counseling?

- a. Exclude physical illness
- b. Establishing rapport**
- c. Family
- d. Scheduled appointment

76. In breaking bad news

- a. Find out how much the patient knows**
- b. Find out how much the patient wants to know

77. Healthy patient with family history of DM type 2, the most factor that increase chance of DM are:

- a. HTN and Obesity**
- b. Smoking and Obesity
- c. Pregnancy and HTN
- d. Pregnancy and Smoking

78. What is the shape of a distribution graph seen in a normal distribution curve?

- a. Bell shaped**

79. Comparing the prospective and retrospective studies, all are true except:

- a. Retrospective are typically more biased than prospective
- b. Retrospective studies are typically quicker than prospective
- c. Prospective allocation of person into group depends on whether he has the disease or not.**
- d. Prospective costs more than retrospective.
- e. Effect is more identifiable in prospective.

80. Regarding SEM (standard error of the mean):

- a. SEM is observation around the mean?
- b. Standard deviation is measure of reliability of SEM
- c. Is bigger than SD
- d. Is square root of variance
- e. Standard deviation advantage can be math manipulated?

Either A or E

81. The maximum dose of ibuprofen is:

- a. 800
- b. 1600
- c. 3000
- d. 3200

800 mg per dose or 3200 mg per day

82. Standard precautions are recommended to be practiced by all health workers (HCW) to prevent spread of infection between patient and HCW the most important measure:

- a. Wearing gloves when examining every patient
- b. Hand washing before and after each patient**
- c. Wearing mask & gown before examining an infected person
- d. Recapping needle & put them in the sharp container
- e. Isolation of all infected persons

83. Female pt known to you since 3 years ago has IBS; she didn't agree with you about that, you do all the investigation nothing suggestive other than that, she wants you to refer her. In this case, what you will do?

- a. You will response to her & refer her to the doctor that she is want
- b. You will response to her & refer her to the doctor that you are want.

Family and Community Medicine

84. Secondary prevention is least likely to be beneficial in:

- a. Breast cancer
- b. Leukemia**
- c. DM
- d. Toxemia of pregnancy

85. Which of the following diseases is NOT transmitted by mosquitoes?

- a. Rift valley fever
- b. Yellow fever
- c. Relapsing fever**
- d. Filariasis
- e. Dengue fever

86. You were asked to manage an HIV patient who was involved in a car accident. You know that this patient is a drug addict & has extramarital relations. What are you going to do?

- a. Complete isolation of the patient when he is in the hospital
- b. You have the right no to look after the patient to protect yourself
- c. You will manage this emergency case with taking all the recommended precautions into account**
- d. You will report him to legal authorities after recovery
- e. Tell his family that he is HIV positive

87. You received the CT scan report on a mother of three who had a malignant melanoma removed 3 years ago. It was a Clerk's level I and the prognosis was excellent. The patient came to your office 1 week ago complaining of chest and abdominal pain. A CT scan revealed metastatic lesions. She is in your office, and you have to deliver the bad news to her. The FIRST step in breaking news is to:

- a. Deliver the news all in one blow and get it over with as quickly as is humanly possible.
- b. Fire a "warning shot" that some bad news is coming.
- c. Find out how much the patient knows.
- d. Find out how much the patient wants to know it.
- e. Tell the patient not to worry.

88. Regarding smoking cessation, the following are true EXCEPT:

- a. The most effective method of smoking control is health education.
- b. There is strong evidence that acupuncture is effective in smoking cessation.
- c. Anti smoking advice improves smoking cessation
- d. Nicotine replacement therapy causes 40-50% of smokers to quit.
- e. The relapse rate is high within the first week of abstinence.

Either A or B

89. Incidence is calculated as the number of:

- a. Old cases during the study period.
- b. New cases during the study period
- c. New cases at a point in time
- d. Old cases at a point in time.
- e. Existing cases at a study period.

90. Communicable diseases are controlled by?

- a. Control the source of infection
- b. Block the causal of transmission
- c. Protect the susceptible patient
- d. All of the above
- e. None of the above

91. Treatment of contacts is applied in all of the following except:

- a. Bilharziasis
- b. Malaria
- c. Hook worm
- d. Filariasis

General Surgery

1. A 29yrs. Old female has a breast lump in the upper outer quadrant of the left breast , firm , 2cm. in size but no L.N involvement ... what is the most likely diagnosis ?

a. fibroadenoma

2. What is the management for the above patient?

a. mammogram (true if patient > 35years)

b. excisional biopsy

c. FNA Fine-needle aspiration (FNA) cytology

d. breast US

e. follow up in 6months

3. 45years old lady presents with bloody nipple discharge. Most likely Dx:

a. Breast ca.

b. Fibroadenoma

c. Ductal Papilloma.

d. Ductectasia.

4. A 17year old boy presents with pain over the umbilicus 10hours prior to admission. During transport to the hospital the pain was mainly in the hypogastrium and right iliac fossa. He has tenderness on deep palpation in the right iliac fossa. The most likely diagnosis is:

a. Mesenteric adenitis.

b. Acute appendicitis.

c. Torsion of the testis.

d. Cystitis.

e. Ureteric colic.

5. The mortality rate from acute appendicitis in the general population is:

a. 4per 100.

b. 4per 1000.

c. 4per 10000 ?

d. 4per 100000.

e. 4per 1000000.

General Surgery

6. The most sensitive test for defining the presence of an inflammatory focus in appendicitis is:

- a. The white blood count.
- b. The patient's temperature.
- c. **The white blood cell differential**
- d. The sedimentation rate.
- e. The eosinophil counts.

7. Which of the following indicates that a breast lump is safe to leave after aspiration?

- a. **a cyst that doesn't refill**
- b. solid rather than cyst
- c. cytology showed fibrocystic disease
- d. minimum blood in aspiration fluid

8. A 23-year-old female consulted her physician because of breast mass; the mass is mobile, firm, and approximately 1cm in diameter. It is located in the upper outer quadrant of the right breast. No axillary lymph nodes are present. What is the treatment of choice for this condition?

- a. Modified radical mastectomy.
- b. Lumpectomy.
- c. **Biopsy.**
- d. Radical mastectomy.
- e. Watchful waiting

9. A 30-year-old female presented with painless breast lump. Ultrasound showed a cystic lesion. Aspiration of the whole lump content was done and was a clear fluid. Your next step is:

- a. Do nothing and no follow-up.
- b. Send the aspirated content for cytology and if abnormal do mastectomy.
- c. **Reassure the patient that this lump is a cyst and reassess her in 4 weeks.**
- d. Book the patient for mastectomy as this cyst may change to cancer.
- e. Put the patient on contraceptive pills and send her home.

10. In breast CA, all true except:

- a. 2cm mass with free axilla is stage I
- b. Chemotherapy is must for pre-menopausal with +ve axilla
- c. **Radical mastectomy is the choice of surgery**
- d. Yearly mammogram for contra-lateral breast

11. Which one will give bilateral breast CA:

- a. **lobular breast ca (ILC')**
- b. intraductal breast ca (IDC)
- c. mucinous breast ca
- d. medullary breast ca
- e. tubular breast ca

12. Factors associated with an increased relative risk of breast cancer include all of the following except:

- a. Nulliparity.
- b. **Menopause before age 40.**
- c. A biopsy showing fibrocystic disease with a
- d. proliferative epithelial component.
- e. First term pregnancy after age 35.
- f. Early menarche.

13. The following statements about adjuvant multi-agent cytotoxic chemotherapy for invasive breast cancer are correct except:

- a. **Increases the survival of node-positive pre-menopausal women.**
- b. Increases the survival of node-negative pre-menopausal women.
- c. Increases the survival of node-positive post-menopausal women.
- d. Is usually given in cycles every 3to 4 weeks for a total period of 6 months or less.
- e. Has a greater impact in reducing breast cancer deaths in the first 5years after treatment than in the second 5years after treatment.

14. Concerning the treatment of breast cancer, which of the following statement is false?

- a. patients who are estrogen-receptor-negative are unlikely to respond to anti-estrogen therapy.
- b. The treatment of choice for stage I disease is modified mastectomy without radiotherapy.
- c. Patients receiving radiotherapy have a much lower incidence of distant metastases .
- d. Antiestrogen substances result in remission in 60% of patients who are estrogen-receptor-positive.
- e. A transverse mastectomy incision simplifies reconstruction.

15. What is the most important predisposing factor to the development of an acute breast infection?

- a. trauma
- b. breast feeding
- c. pregnancy
- d. poor hygiene
- e. diabetes mellitus

16. A 46-year-old female wrestler H © presents with a painful mass 1 x 2 cm in the upper outer quadrant of the left breast. There are areas of ecchymosis laterally on both breasts. There is skin retraction overlying the left breast mass. What is the most likely diagnosis?

- a. fat necrosis
- b. thrombophlebitis
- c. hematoma
- d. intraductal carcinoma
- e. sclerosing adenosis

17. Clear aspirated fluid from breast cyst will be:

- a. sent to cytology
- b. thrown away**
- c. sent to biochemical analysis
- d. combined with biopsy

If clinically it is a cyst & aspirate shows clear fluid then no cytology is needed.

18. Cause of giant breast includes these statements :

- a. diffuse hypertrophy
- b. cystosarcoma phylloids
- c. giant fibroadenoma
- d. all of the above**
- e. none of the above

19. Breast cancer in female under 35yr. all of the following are true EXCEPT:

- a. Diagnosis and treatment are delayed due to the enlarged number of benign disease
- b. The sensitivity of the mammogram alone is not enough for Dx
- c. Family history of benign or malignant disease is predictive of Dx
- d. All discrete breast lumps need fine needle aspiration dominant mass only.**

20. Mother gave birth of baby with cleft lip and palate, she want to get pregnant again what is the percentage of recurrence

- a. 1%
- b. 4%**
- c. 15%

General Surgery

21. Old pt had hemi colectomy after colorectal carcinoma ,,, you advice him to have colonoscopy every

- a. 6MONTHS
- b. 12MONTHS.
- c. 2YRS
- d. 5YRS

<http://www.ncbi.nlm.nih.gov/pubmed/16697749>

22. Indirect inguinal hernia, what is the treatment

- a. elective surgery
- b. emergency Surgery
- c. Reassurance
- d. No need for any surgery

23. pt. complain of Rt. Hypochondrial pain and fever, he have past H\O bloody diarrhea and + Ent. Hystoltica in stool < he done aspiration for liver ____ anchovy sauce as result. Dx:

- a. amoebic liver abscess.
- b. pyogenic liver abscess

24. pt with Rt upper quadrant pain , nausea and vomiting pain radiating to back . 'on examination Grey-Turner's sign and Cullen's sign Dx:

- a. Acute pancreatitis
- b. Acut chlocystitis

25. pt with sever pain in Rt upper quadrant pain (colicky) , there is past H\O same attack the most appropriate test is:

- a. U\S .
- b. CT scan
- c. MRCP

26. (picture of hand with red finger) Patient came with redness of finger, you give Augmentin for one week but no improvement, so what you will do now ?

- a. incision and drainage under general anesthesia
- b. incision and drainage under local anestheisa**
- c. give augmentin for another week
- d. change antibiotic

27. Facial nerve when it exits the tempromandibular joint and enters parotid gland it passes:

- a. Superficial to retromandibular vein and ext. carotid artery**
- b. deep to ex. Carotid
- c. deep to R vein
- d. between retromandibular vein and external carotid artery.

28. What is the first step in mild burn

- a. wash by water with room temperature**
- b. place an ice
- c. put a butter

29. Smoker coming with painless mass of lateral side of tongue, what is the diagnosis

- a. leukoplakia
- b. squamous cell carcinoma**

30. Young male healthy , come for routine examination he is normal except enlarge thyroid gland without any symptoms, what is the next step ?

- a. CT
- b. MRI
- c. US**
- d. Iodine study

31. What is necessary condition to do abdominal lavage in RTA

- a. comatose patient with hypotension**
- b. conscious patient with sever abdominal pain
- c. patient with pelvic fracture

General Surgery

32. Known case of DM 2 with poor controlling, coming with right knee pain and ballottment, what you will do

- a. incision and drainage

Note : incorrect, only after aspiration u confirm next step.

33. Which one will decrease risk factor for colon cancer

- a. folic acid
- b. vitamin D

Folic acid, vitamin D, and Calcium (all three have been found to decrease the risk of colon cancer), thus choose whatever is present.

34. Ulcer reach to involve muscle, what is the stage

- a. Stage I
- b. Stage II
- c. Stage III
- d. Stage IV

What kind of ulcer is being asked about pressure or DM foot ulcer, if it is a pressure ulcer then the answer is Stage IV

35. colon cancer stage 1 prognosis

- a. more than 90%
- b. 70%
- c. 40%

36. Diabetic pt go for hernia surgery how to give insulin dose

- a. one dose at morning one on raising
- b. omit the both dose
- c. as previous schedule
- d. sliding scale ?

37. years old post surgery (cholecystectomy) came with unilateral face swelling and tenderness. past history of measles when he was young. On examination moist mouth, slightly cloudy saliva with neutrophils and band cells. Culture of saliva wasn't diagnostic. what is the diagnosis ?

- a. Sjogren Syndrome
- b. Parotid cancer
- c. Bacterial Sialadenitis ?

38. Pt Known BPH stable on medications. on examination prostate was smooth with no nodularity, He asked for PSA screening. what will you tell him?

- a. No need for PSA. ?
- b. Explain pros and cons of PAS
- c. order other advanced Investigations (biopsy)

39. 56years with papillary thyroid cancer, what to do?

- a. surgical resection
- b. Radiation
- c. Radioactive Iodine

40. DM pt...went an elective surgery for hernia ...he is fasting form midnight...concerning his insulin you will give him:

- a. half dose of morning dose
- b. half dose of morning and half dose of midnight
- c. usual insulin dose
- d. you will let him omit the scheduled surgery dose ?

41. pt with pain in Rt iliac fossa..while you are doing your palpation he developed an vomiting and nausea:!! Your diagnosis?

- a. crohns disease
- b. appendicitis
- c. diverticulitis

General Surgery

42. Best method to maintain airway in conscious multiple injury Pt is:

- a. nasopharyngeal device
- b. oropharyngeal device..
- c. intubation

Oropharyngeal isn't used in with conscious patients because it induces a gag reflex.

43. man fall down from ladder .. O/E:he almost not breathing ..cyanosed , no breath sound, although Rt side of his chest in hyperresonant.. your action now is:

- a. Rt pneumothorax
- b. Intubation
- c. Tube thoracotomy..
- d. Lung pleurodesis

This is a case of pneumothorax, thus it is treated by tube thoracotomy or needle decompression

44. old pt complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the x-ray , best effective ttt is :

- a. Physiotherapy ? (what is the finding on x-ray)
- b. NSAID
- c. Surgery

45. Appendicitis most diagnostic:

- a. fever
- b. diarrhea
- c. urinary symptoms
- d. leukocytosis
- e. tender Rt lower quadrant with rebound

46. Olecranon bursitis

- a. Caused by multiple trauma in elbow which releases antibodies

47. All suggest acute appendicitis except:

- a. Fever 38.1
- b. Anorexia
- c. Vomiting
- d. Umbilical pain shifting to the Rt lower Quadrant
- e. Pain improving with sitting and leaning forward

48. CT reveals Intramural hematoma after blunt abdominal trauma

- a. observation ?
- b. Surgery

Expectant treatment of an isolated DH is generally preferred.

49. a 27yrs. old female C/O abdominal pain initially peri umbilical then moved to Rt. Lower quadrant ... she was C/O anorexia, nausea and vomiting as well O/E : temp.38c , cough , tenderness in Rt lower quadrant but no rebound tenderness. Investigations : slight elevation of WBC's otherwise insignificant ..The best way of management is:

- a. go to home and come after 24hours
- b. admission and observation
- c. further lab investigations
- d. start wide spectrum antibiotic
- e. paracetamol

50. What is the most likely diagnosis for the above patient ?

- a. mesenteric lymph adenitis
- b. acute appendicitis
- c. peptic ulcer

51. penetrating wound

- a. unstable (lapratomy) stable (CT)

General Surgery

52. Known alcoholic chronic for long time, present with lymph node in mid cervical, your action:

- a. laryngoscope
- b. excisional biopsy
- c. needle biopsy

? lymphoma, thus needle biopsy is needed if confirmed ==> excisional

53. Young male with 3 day of dysurea, anal pain , O/E perirectum boggy mass :

- a. acute prostatitis

54. 80 y/o male CASE HTN on ttt with mild benign prostatic enlargement , causes feeling of incomplete voiding

- a. alpha blockers

55. Computer programmer, a case of carpal tunnel syndrome, positive tinnel test , how to splint:

- a. Dorsiflexion (sure)

56. Chronic gastric ulcer ,pt intake a lot of antacid , no still complian:ttt>

- a. H₂ antagonist
- b. proton pump inhibitor

57. patient has history of parotid and salivary gland enlargement complains of dry eye . mouth and skin ,, lab results HLA-B8 and DR3 ANA+ve rheumatoid factor +ve what is the course of treatment

- a. physostigmine
- b. eye drops with saliva replacement
- c. NSAID
- d. plenty of oral fluid

58. LACERATION IN ANTERIOR ASPECT OF WRIST:

- a. wrist drop
- b. median nerve injury (failure of opposition)
- c. claw hand

59. arterial bleeding after injury:

- a. red blood ,continuous
- b. red bright , spruting
- c. dark blood

60. pt with Hx of Appendectomy . now% and distention ,cramp pain vomiting , constipation ,, Dx

- a. mechanical obstruction of small intestine
- b. paralytic ileus
- c. acute cholecystitis

61. pt medically free , has snoring .. exam wise normal ur advice :

- a. to loss wt
- b. adenoectomy

62. Drug used for mastalgia:

- a. OCP (SURE)
- b. BENZODIAZEPINE
- c. beta blocker
- d. caffiene

63. medial leg ulcer

- a. Venous ,, Mx. compression

64. male singer with colon cancer stage B2 ; which of the following correct ?

- a. no lymph node metastases
- b. one lymph node metastasis
- c. 2-4 lymph node

Note: Stage B - Tumor infiltrating through muscle

General Surgery

65. Elderly male patient underwent colectomy for colon cancer in which micrometastasis was detected in the lymph nodes , what is the best explanation :

- a. Good prognosis
- b. Liver metastasis
- c. It is sensitive to chemotherapy**
- d. It is locally advanced

66. Best view to see the rib fracture

- a. posterior-anterior x-ray
- b. anterior-posterior x-ray
- c. oblique x-ray**

67. wound at end inflammatory phase which of the following correct:

- a. Epithelial tissue formation
- b. angiogenesis**
- c. wound sterile
- d. eschar formation

68. Patient after accident, there was a part on his left chest moving inward during inspiration and outward during expiration Dx

- a. Pneumothorax
- b. Rib fx
- c. Flail chest**
- d. Rib dislocation

69. Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles , EMG showed cubital tunnel compression of the ulnar nerve, what is your action now?

- a. Ulnar nerve decompression**
- b. Steroid injection
- c. CT scan of the spine

70. Patient with pain in the anatomical snuffbox, he most likely has:

- a. Boxer's fracture
- b. Colle's fracture
- c. Scaphoid fracture

71. Newborn with fracture mid clavicle what is true:

- a. Most cases cause serious complication
- b. Arm sling or figure 8 sling used
- c. Most patients heal without complications.

72. Abdominal pain, nausea, vomiting, low grade fever, increase neutrophil, after appendectomy appendix will show:

- a. Neutrophils in the muscular layer
- b. Lymphoid hyperplasia with giant cell infiltration
- c. Dilated lumen filled with mucocele

73. Left Iliac fossa pain, rebound tenderness, nausea , vomiting, fever 38.2 diagnosis is :

- a. Diverticulitis

74. Abdominal pain, distention, vomiting, cant pass flatus, medically free, hx of appendectomy 7 months ago ... diagnosis:

- a. Cholecystitis
- b. Mechanical intestinal obstruction

75. hx of long standing abdominal pain improve with peptic ulcer medication, present with abdominal pain,distention, forceful vomiting, emesis contain morning food .. diagnosis:

- a. Gastroparesis
- b. Gastric outlet obstruction .
- c. Dilated cardia
- d. Esophageal reflux

General Surgery

76. Which rule used to calculate burn surface area in case of burn:

- a. Nine
- b. Seven

77. Cause of death in flame burn:

- a. Airway affection
- b. Hypovolemic shock

78. Smoking directly related to which cancer:

- a. Colon
- b. Liver
- c. Lung cancer

79. old man with rectal bleeding and picture of anemia,,, most common cause of this anemia:

- a. External hemorrhoid
- b. Colon cancer

80. kid with dark urine, dark brown stool, positive occult test.. what to do:

- a. Isotope scan
- b. Abdomen US
- c. X-Ray

81. old pt with neck pain on eating, examination reveal submandibular mass how to investigate:

- a. MRI, X-Ray, CT

Note: CT alone is correct.

82. Common type of non traumatic fracture in osteoporosis:

- a. Compressed vertebral fracture

83. Indirect inguinal hernia

- a. sac lies Anterolateral to cord

84. lady 4 month ago did CS ,, medically free, complain of wrist pain, phalen test -ve, Finkelstein's test positive,, tenderness distal to radial styloid>> I think it'sa case of DeQuervain's tenosynovitis:

- a. Volar splint
- b. Entrapment release"sugery"
- c. Thumb splint
- d. Drug I don't remember the name

85. Corkscrew appearance:

- a. Diffuse esophageal spasm

86. Scoliosis:

- a. if 20 degree refer to ortho

87. Parkland formula

Parkland's: fluid given in ml = % BSA * kg weight * 4 / day half given in first 8 hours & the other half in the second 16 hours.

88. Pt presented to the ER after RTA. He was conscious , vitally stable. There was decreased air entery bilaterally & tracheal deviation to the opposite site. What is your next step?

- a. Order CXR STAT
- b. Insert a needle in the 2nd ICS MCL
- c. Insert a needle in the 5th ICS MCL
- d. Insert a chest tube in the 5th ICS MCL

Answer d is incorrect because a chest tube is inserted in the midaxillary line & not midclavicular.

89. Best investigation to visualize the cystic breast masses

- a. US

90. Face suture to be removed

- a. 3-5 days

General Surgery

91. 28 year old farmer with lesion in his hand, elevating mass dome shape and there is keratin DX:

- a. melanoma
- b. keratoacanthoma
- c. BCC
- d. SCC

92. ttt of folliculitis

- a. oral steroid
- b. topical steroid
- c. oral antibiotics

Initially topical, oral antibiotics are used for resistant/deep folliculitis.

93. Old patient around 70 years I think, complaining of ulcerating lesion 3*4 cm just below his nostrils (question with picture), the lesion is increasing after he was retired from work 10 years back, he was in continues exposure to sun light, DIAGNOSIS?

- a. Squamous cell carcinoma
- b. Adenocarcinoma
- c. keratocanthoma

94. Picture of infant with brown to black lesion in his abdomen about 4*5 „painless, not itchy, not presented at birth, slowly in growing, he is otherwise healthy, the parents are worry,?

- a. FNA
- b. reassurance
- c. biopsy and consult neurologist

95. MCC of chronic intermittent rectal bleeding

- a. hemorrhoids

96. patient with complain of calf tender and swelling,, diagnosed to have DVT, what is the role of LOW MOLECULAR WIEGH HEPARIN in DVT treatment as comparing to something heparin?

- a. LMWH is less effective
- b. LMWH is prone to more bleeding
- c. LMWH is safe and no need to regular monitor the PTT.

97. Patient had burned by hotty oil in the right side of his arm and leg, came to you in clinic. So you will refferd him to burn clinician specialist if?

- a. 10 cm painful area with no blusters
- b. 5 cm painful area with blusters
- c. 5 cm paineless area with no blusters (third degree ,full thickness).

98. old age complaining of diarrhea, left sided abdominal pain, fever, vomiting, on palpation there is tender mass in left iliac fossa, for two days, also given lab data for wbc: elevated+ c reactive protien: mild elevated and ESR, what is the DIAGNOSIS?

- a. crohn disease
- b. appendicitis
- c. diverticulitis

99. child complaining of severe abdominal pain , foul gressy stool, vomiting, constipation on/off, his belly is distended, what is the investigation of choice to confirm your DIAGNOSIS?

- a. barium enema.
- b. colonoscopy
- c. barium meal

General Surgery

100. male middle age brought to the emergency department after involving in RTA (road traffic accident) ,on arrival GCS 12/15,,mild confuse, tachycardic 113beat per m, tachypnic 32 breath per m, Bp 80/60, with mild traumatic lesion in his chest,,your action?

- a. thoracotomy
- b. iv fluid ?
- c. CT scan
- d. ultrasound

101. patient complaining of fever , enlarged parotid gland and weakness, lala la,,what is the complications?

- a. Encephalitis
- b. Meningitis

According to the age of the patient, if he is a child the answer is correct "meningitis", and if he is an adult then the answer would be orchitis

102. Male patient complaining of abdominal pain sever, constipation, decrease in bowel motion, he had abdominal surgery 2 years back,, (they showed abdominal x-ray with entire enlarged distended colon, haustrations, involving segmental parts of small bowel), what is the best correction?

- a. surgical colostomy
- b. removal of obustructed colonal part ?

103. 20 years old girl,,complaining of dysuria, suprapupic pain, fever, flank tender for 6 days,urine analysis reveals epithelia cells ,,the appearance of these cells indicate?

- a. urethral injury

104. 35 year old smoker , on examination shown white patch on the tongue, management: (leucoplakia)

- a. excision biopsy

105. Case scenario ... pt came to ER c/o colicky abd pain after meal, other in Hx & Ex -ve :

- a. U/S of Abd
- b. Abd X-ray

106. Pregnant w s/s of hyperthyroidism best treatment :

- a. Propylthiouracil.

107. What is true about Propylthiouracil :

- a. block thyroid hormones.

PTU has two actions: central (anti-thyroperoxidase: interfering with the 1st step in synthesis) & peripheral (anti-5' deiodinase: inhibiting the peripheral conversion of T₄ to T₃).

108. Right upper quadrant pain and tenderness, fever , high WBC , jaundice, normal hepatic marker → .

- a. Acute cholecystitis

109. What is true about Peritonitis :

- a. chemical irritation can cause it.
- b. Associated with abdominal rigidity which increase as the Paralytic ileus develops.

110. Most common cause of immediate death in burn:

- a. Inhalational injury.
- b. Septic shock.
- c. Hypovolemic shock.
- d. Associated injury

111. Rt side submandibular swelling & pain associated w eating, induration in floor of mouth :

- a. CT.
- b. MRI chest.
- c. chest X-ray.
- d. ECG

General Surgery

112. Old with rectal bleeding, external hemorrhoid, what to do:

- a. Remove.
- b. Colonoscopy.
- c. Follow up after 6 month.
- d. Rigid sigmoidoscopy then remove.

113. case scenario ... LLQ abd pain, x-ray show sigmoid thickening, pericolic fat decrease ... what ttt :

- a. Antibiotic

114. Long scenario about pt having epigastric pain radiate to the back increase with lying and decrease when standing associated with fever tachycardia..... It is typical with acute pancreatitis .. what is the next diagnostic step:

- a. abdominal CT
- b. abdominal Xray
- c. ERCP
- d. serum amylase and lipase

115. pt with episodes of pain started in the mid left abdomen radiate to the back no nausea vomiting or diarrhea not relieved by antacid not related to meal on Ex: non remarkable....dx:

- a. chronic pancreatitis
- b. duodenal ulcer
- c. gastric ulcer
- d. mesenteric thrombosis

116. 1st sign of transplant rejection

- a. Fever

117. pt have varicose vein in her last pregnancy which is not changed , she wear stocks and elevate her legs she asked about further cosmetic options you will told her

- a. nothing can be done more
- b. stripping will make it worse
- c. coagulation therapy
- d. saphenous vein laser treatment

118. A young pt comes with complaint of painful night sleep and back pain, on investigation there is spinal disc herniation, the treatment is

- a. surgery**
- b. epidural steroid injection
- c. spinal analyzing
- d. Spinal manipulation

119. PIC of child having ulcer near angle of the mouth,, bright red in colour , 1.5 cm size

- a. fungal infection
- b. impetigo
- c. atopic dermatitis
- d. Angular cheilitis**

Atopic dermatitis manifests as a rash rather than an ulcer + the site (angle of the mouth) makes other options more likely b,d

120. young male pt having only complaint of gross hematuria otherwise normal , on examination normal , on investigation US normal ,urine culture normal ,, now whats investigation of choice

- a. RENAL BIOPSY
- b. URINE ANALYSIS
- c. cystoscopy ?**
- d. RENAL ANGIOGRAPHY

121. Young male pt having pain in the abdomen,, pain is very severe that pt is in fetal position and not able to straight having sign and symptoms of peritonitis ,, now first step to investigate is

- a. US
- b. CBC WITH DIFFERENTIALS**
- c. X RAY
- d. paracentesis

General Surgery

122. 31 year old Women with cyclic bilateral modularity in her breast since 6 months on examination there is 3 cm tender mobile mass wt u will do next:

- a. FNA with cytology
- b. mammogram
- c. biopsy
- d. follow up for next cycle
- e. observation

123. Pt with painless thyroid mass..what is most appropriate for Mx:

- a. Neck US
- b. FNA
- c. Neck CT
- d. Surgery

124. stage III of colon cancer start chemo therapy :

- a. As soon as possible
- b. if lab reasult normalize
- c. according the pt psychology
- d. if pt >60 y age

125. pt came with painful rectal spasm painful rectal spasm, diaphorisis , tachycardia especially at night , DX :

- a. thrombosed hemorrhoid
- b. proctalgia fagux
- c. ??? syndrome

126. female pt , with RTA ,she has bilateral femur fracture >>>like this scenario , systolic blood pressure 70 >>>what will you do:

- a. IV fluid
- b. blood transfusion

127. Blow out fracture:

- a. Diplopia in upward gaze

128. Abdominal pain for 6-months, constipation, diarrhea-answer is?

- a. Crohn's disease**

129. GERD and diagnosed as Barrett's esophagitis, complication answer is?

- a. CA esophagus**

130. A 42 year old woman presented with a painful breast mass about 4 cm in the upper lateral quadrant. It increases in size with the menstrual period. Examination showed a tender nodularity of both breasts. What is the management?

- a. Hormonal treatment with oral contraceptive pills
- b. Hormonal treatment with danazol**
- c. Lumpectomy
- d. Observation for 6 months

131. Most common cause of intracerebral hemorrhage-?

- a. HTN**

132. 55 ys old male pt, presented with just mild hoarseness, on examination: there was a mid-cervical mass, the BEST investigation is:

- a. Indirect laryngoscopy
- b. CT brain
- c. CT neck**

133. pt come to doctor with genetic hx of colorectal carcinoma, and he want to prevent himself from the disease , what is the best you advise for him ?

- a. SERIAL COLONOSCOPY**

134. High risk factor of colorectal carcinoma?

- a. FAMILIAL ADENOMATOUS POLYPOSIS (FAP)**

General Surgery

135. pt come to hospital due to feeling of lump in neck without anything else , Dx-?

a. IS GOITURE

136. What is not palpable in the normal neck-?

a. THYRIOD

137. Related to blunt abdominal trauma-?

a. VISCERAL INJURY

138. Unconscious patient in ER, your action during wait your senior ?

a. ANSER IS ABC-MAINTAIN.

139. pt come only with gasping , do-

a. INTUBATION

140. A 70 YO woman presented with a 3 days hx of perforated duodenal ulcer . She was febrile , semi comatose and dehydrated on admission. the BEST ttt is:

a. Blood transfusion, Rehydrate , perform V agotomy & drainage urgently.

b. NGT suction, Rehydrate , systemic AB & observe.

c. NGT suction, Rehydrate , systemic AB & perform Plication of the perforation.

d. Rehydrate, Blood transfusion , systemic AB & perform hemigastrectomy.

e. none of the above

141. lady with 3 cm breast mass, solid non tender, mobile, persist during menses, slightly increased n size:

a. Fibroadenoma

b. Fibrocystic

c. Ductal carcinoma

d. Papilloma

142. breast tenderness , nodule , multiple , best diagnosis-

a. FNAC

143. correct about hemorrhoids-

a. PAINLESS BLEEDING

144. pt with tender breast , nodule , not related to menses , dx-?

a. CA

145. Urgency, dysurea , on flank pain , dx-

a. Pyelonephritis

Fever must be present

146. breast cyst which is green colored on aspiration, what is the next step in management?

a. throw the fluid away

b. ,surgical excision of the cyst

c. ,send for cytological examination ?

147. Pt 60 yo collapse brought to ER then he awake before collapse he felt epigastric discomfort , Now tachycardia BP 100/80

a. leak aortic aneurysm

b. perforated peptic ulcer

Note: really I was confused between these 2 answers

148. DPL is positive when:

a. 1000 RBC-

b. 50WBC

- 10ml of blood or enteric contents (stool, food, etc.)**
- More than 100,000 RBCs/mm³**
- More than 500 WBCs/mm³**
- Amylase more than 175 IU**
- Detection of bile, bacteria or food fibers.**

General Surgery

149. ttt of erosive gastritis :

- a. Antibiotics
- b. H₂ blocker**
- c. depend on the pt situation
- d. total gastroectomy
- e. sucralfate

150. Duodenal atresia in child shows:

- a. Double Bubble sign**

151. The following is true about suspected acute appendicitis in a 70 year old man:

- a. Perforation is less likely than usual.
- b. Rigidity is more marked than usual.
- c. Abdominal x-ray is not useful.
- d. Outlook is relatively good.
- e. intestinal obstruction maybe mimicked.**

152. Male pts having penial ulcer. ... I forgot the rest !the q was how to investigate

- a. take biopsy
- b. Dark field illumination (for syphilis)**

153. Rt lung anatomy?

- a. 2pulmonary vanes (this was my answe)
- b. 2 fissure
- c. 8segments

Right lung: 2 fissures, 3 lobes, and 10 segments

154. Burn grade I and II treatment?

155. Adolescent with asymptomatic hernia :

- a. surgical is better than medical ttt**
- b. contraindication to do surgery in reducible hernia
- c. can cause hypoinfertility???

156. Moderate spondylopathy ttt
a. **Physiotherapy.**
157. pt use antacid , complain of vomiting and pain due to:
a. **GERD**
158. pt with stone the most specific and sensitive is:
a. US
b. **non contrast CT of abd & pelvis**
159. A mole with irregular border and color
a. **melanoma**
160. Which of the following is normally not palpable :
a. **thyroid gland**
b. parotid gland
c. sublingual gland
d. cervical node
e. hyoid bone
161. Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:
a. Colon
b. **Bladder**
c. Liver
162. Lactating mother with mastitis treatment:
a. **Dicloxacillin**
b. Ceftriaxone
c. Cefoxine
d. Metronidazole

Answer is cephalixin or dicloxacillin

General Surgery

163. Gun shot through the abdomen what is the prophylaxis antibiotic?

A single dose of a broad-spectrum antimicrobial agent, that provides both aerobic and anaerobic coverage. No specific agent is recommended, but it may be a single agent with beta-lactam coverage or combination therapy with an aminoglycoside and clindamycin or metronidazole.

164. Prophylactic Antibiotics for Appendicitis

- a. Metronidazole or better cefoxitin
- b. Ceftriaxone
- c. ceftriaxone

165. Patient with gunshot and part of his bowel spillage out and you decide to give him antibiotic for *Bacteroides fragilis*, so u will give :

- a. Amoxicillin
- b. erythromycin
- c. doxycycline
- d. gentamicin

166. Anal fissure most common site

- a. Posterior
- b. Anterior

167. Patient prolonged period defecation painful + blood-

- a. anal fissure
- b. hemorrhoids

168. Child fall down from the bed and he start to cry and vomit 2 times on neurological examination is normal, mental state not change no signs of skull fracture, what u will do next :

- a. CT of brain
- b. MRI
- c. neurosurgical consultation
- d. Observation**
- e. skull x-ray

169. pt after tanning bed he developed blanchable tender rash I'm not sure if there is blister or not :

- a. Prodromal
- b. 1st degree**
- c. 2nd degree
- d. 3rd degree burn

170. Patient is a known case of gout presented with frequent Stones .. Increased creatinine and urea .. The time btw attacks is decreased , how would you decrease the frequency of attacks :

- a. Increase fluid
- b. intakeclaries
- c. Allopurinol**
- d. Propenside

171. Which of the following is true regarding gastric lavage :

- a. Patient should be in the right lateral position .
- b. It is not effective after 8 hours of aspirin ingestion .**

172. PATIENT has RTA and membranous urethral disruption

Long scenario:

- a. Suprapubic catheter (may be)**
- b. pubic repaire
- c. trans urethral
- d. catheter
- e. abdominal repair

General Surgery

173. Patient with testicular mass non tender and growing on daily basis . O/E epididymis was normal. What u will do?

- a. Refer pt to do open biopsy or percutaneous biopsy
- b. refer him to do US and surgical opening

174. A case of how to manage the enuresis:

- a. Imipramine and vasopressin
- b. clonidine and vasopressine
- c. clonidine and guanfacine

175. patient with stab wound after fighting his puls 98 , pb140/80 and RR=18 ,and there is part of omentum is protruded,, what u will do :

- a. Exploration of the wound
- b. schedule for laparotomy
- c. DPL" diagnostic peritoneal lavage
- d. FAST

176. Picture of slightly red swelling just above the nail bed of finger , painful, patient is what you will do:

- a. Incision and drainage with general anaesthesia
- b. I and D with local anaesthesia/
- c. change AB/
- d. Complete Augmentin for 1 wk

177. Pt known case of hypothyroidism , and you start levothyroxine but she come after 1 wk with cold intolerance, and bradycardia, TSH INCREASED :

- a. Continue and check after 1-2 month
- b. decrease the dose
- c. stop until tsh is become normal

178. Same the above case but :

- a. Increase dose and after 3 wk
- b. Increase and follow after 6 wk

179. About OCP:

- a. decrease breast cancer
- b. decrease ovarian cancer
- c. increase ectopic pregnancy
- d. don't take by diabetic patient
- e. don't take by healthy women over 30

OCP decrease the risk of both ovarian & endometrial cancers

180. Surgery in c3 colon cancer:

- a. Curative
- b. Palliative
- c. Diagnostic

181. Patient with small congenital inguinal hernia:

- a. It will cause infertility
- b. Surgery to be done at 35 years
- c. Elective surgery if it's reducible

182. Mass in the upper back .. with punctum and releasing white frothy material...

- a. It's likely to be infected and Antibiotic must be given before anything
- b. Steroid will decrease its size
- c. It can be treated with cryotherapy
- d. It must be removed as a whole to keep the dermis intact ?

183. about head and neck injury :

- a. Hoarsness of voice and stridor can occur with mid facial injury
- b. Tracheostomies contraindicated
- c. Facial injury may cause upper air way injuries

184. Medication increase reflux esophagitis

- a. Theophylline
- b. ranitidine
- c. plasil
- d. ampicillin

General Surgery

185. Patient came with dysphagia interferes with daily life, past history of lymphoma treated With chemotherapy and radiation 2 years back and he did not follow in the last year Face congested dx :

- a. Thoracic aortic aneurysm
- b. Abdominal aortic aneurism
- c. SVC obstruction**
- d. IVC obstruction

186. Surgery should done immediately in crohn disease when :

- a. Fistula
- b. Intestinal obstruction**
- c. Abdominal mass
- d. bacterial overgrowth

187. child with bilious vomiting with yellow stool ,, abdominal dissension He passed stool immediately after birth .

- a. Harsh sprung dis
- b. Mid gut volvus**

188. scenario of Cholecystitis what is the most therapeutic procedure

- a. ERCP
- b. Cholecystectomy**

189. Patient came after RTA with heavy bleeding upper limb :

- a. ABC
- b. Call orthopedic
- c. Press the bleeding site**
- d. Take to OR

190. young female with left sided abdominal pain.no dysuria or change in bowel habit .history of hysterectomy 4yrs back but ovaries and tubes were preserved. on ex abdomen tender but no guarding. Investigation show leukocytosis and few pus cells in urine. there was also history of unprotected coitus with multiple partners.

- a. consult surgeon
- b. oral antibiotics**
- c. diagnose as ulcerative colitis

191. nodule :

- a. don't do anything so you don't rupture it
- b. cryotherapy**

192. pt has GERD for 5 years , now EGD reveals >> columnar cell surrounded by Sq cell

- a. SCC
- b. Adenocarcinoma
- c. barrette esophagus**

193. old pt , has loin pain , U/S reveals bilateral hydronephrosis , whats the cause :

- a. prostate cancer – most likely**
- b. bladder cancer
- c. urethral stricture

194. pt. has Lt lower Abdominal pain , Fever , constipation CT reveals thickened loop and little peritoneal (perianal?) fat , what's appropriate to do:

- a. start AB ?**
- b. call the surgeon for immediate OP
- c. give laxative
- d. barium enema

General Surgery

195. True about Mallory-Weiss sx :

- a. MCC of GI bleeding during pregnancy
- b. resolved spontaneously
- c. 1/3 cases of GI bleeding is d/t this Dz

In general it causes 1-15% of cases of UGI bleeding, it is common in pregnancy. It usually resolves spontaneously.

196. RTA pt. with femur fx , he has laceration of the femoral artery .. What to do :

- a. end to end anastomosis ?
- b. prosthetic graft
- c. arterial graft
- d. venous graft

197. Picture of large nodule in neck, O/E moves with deglutition, what is the dx:

- a. lymphoma
- b. goiter
- c. hypoglossal cyst

198. Patient with epigastric mass show by upper GI Investigation:

- a. Endoscopy
- b. Full blood test
- c. barium enema

199. Testicular pain pain in groin region in examination there is tenderness no organomegaly:

- a. refer to surgery
- b. refer to urology
- c. do barium enema

200. Complication of appendicitis:

- a. small bowel obstruction
- b. ileus paralytic

201. Recognized feature of hiatus hernia:

- a. Anorexia
- b. morning vomiting
- c. increase with pregnancy
- d. Leucopenia
- e. Skin pigmentation

202. Perianal abscess treatment:

- a. Incision and drainage

203. The peak incidence of acute appendicitis is between:

- a. One and two years.
- b. Two and five years.
- c. Six and 11 years.
- d. 12 and 18 years (most likely)
- e. 19 and 25 years.

204. Young pt admitted because of URTI and BP 120/90 7 days after she develop acute abdomen, tenderness on examination, pt become pale, sweaty, BP 90/60 what will you do:

- a. Anterior abdomen CT
- b. IV fluid and observation << I don't remember if there was antibiotic
- c. Gastroscope
- d. A double-contrast barium

Note: This question is incomplete we think however choice b is possible.

205. Painless lump in neck in child

- a. Hodgkin lymphoma
- b. Pharyngitis
- c. Infectious mononucleosis

? Could be lymphoma or Infectious Mononucleosis, more detailed history is required.

General Surgery

206. Old patient with bilateral hydronephrosis and loin pain :

- a. Pelvic cancer
- b. Prostatic hypertrophy / Cancer
- c. Bladder .. Tumor

207. Regarding dx of GERD:

- a. Hx only
- b. Hx & Barium enema
- c. Hx & UGI endoscopy
- d. Barium enema & colonoscopy

208. The marker for ovarian cancer:

- a. CA 125

209. Patient came to ER with 2nd degree burns involving the face and neck , how to manage :

- a. Silver sulfadiazine, sterile gauze, IV fluid and admit to hospital

210. Old male bedridden with ulcer in his buttock 2 *3 cm ; involve muscle Which is stage : pressure ulcer

- a. 1
- b. 2
- c. 3
- d. 4

211. Fall on left elbow, fracture on x-ray seen as: young boy run for long distance "3 killometr I think" pt complain of persist pain on examination there is knee swelling, x-ray of knee reveals nothing .. What the diagnosis:

- a. Ligament tear ?
- b. Tibial fracture

212. long case patient with RTA with Blunt trauma to abdomen . patient underwent removal of distal small intestine and proximal colon , patient come after 6 month with chronic diarrhea , SOB , sign of anemia , CBC show megaloblastic anemia, What the cause of anemia :

- a. folic acid deficiency
- b. B₁₂ deficiency
- c. alcohol

213. lady with big abscess in left arm , how to manage :

- a. antibiotic
- b. antibiotics and incision & drainage (my answer)

214. Most common symptoms or sign of renal cell carcinoma in adult is:

- a. Hematuria (Painless)
- b. Abdominal mass
- c. Flank pain

215. The most common active form of thyroid hormone is:

- a. T₄
- b. T₃
- c. TSH
- d. TRH
- e. T₂

216. Thyroid cancer associated with:

- a. Euthyroid
- b. hyper
- c. hypo
- d. graves

217. According to hemorrhoid:

- a. can be due to portal HTN & pregnancy

General Surgery

218. Self breast examination:

- a. **monthly**
- b. weekly
- c. yearly

219. Lactating women with mastitis:

- a. **continue breastfeeding**

220. Long case, acute pancreatitis which is TRUE;

- a. Total parental nutrition
- b. Regular diet with low sugar
- c. High protein ,high
- d. ca , low sugar
- e. Naso-juenal tube

In the management of acute pancreatitis the patient is kept NPO

221. Case of hemangioma in the eye affecting vision , when you have to Remove:

- a. **1 week**

222. Old pts with history of bilateral pain and crepitation of both knee for years now come with acute RT knee swelling , on examination you find that there is edema over dorsum and tibia of RT leg ,what is the best investigation for this condition:

- a. Rt limb venogram

I think plain x-ray to see osteophytes which indicates oa

223. A burn patient is treated with Silver Sulfadiazine, the toxicity of this drug can cause:

- a. Lycosytosis
- b. **Neutropenia**
- c. Electrolyte disbalance
- d. Hypokalemia

It can cause neutropenia & severe skin discoloration

224. Pts hit on his chest , after 2 hours come with , BP 100 /70 , pulse 120 , RR 40 , chest x-ray show, white lung field in the LT hemithorax , what is your action:

- a. Thoracotomys
- b. chest tube insertion

225. Old pts with positive occult blood in stool:

- a. Flexible sigmoidoscopy
- b. Colonoscopy

226. Young pts come with sever testicular pain, decrease in doplex supply to tests, what is your action:

- a. refer to surgen
- b. refer to urologist
- c. more investigation

227. Live guard come to annual examination, no compliant, muscular discloration, painless over the face , there is history for exposure unprotecctive to sun rays:

- a. Squamous cell carcinoma

228. A patient who thinks that he has a brain tumor with a long list of symptoms:

- a. hypchondraisis
- b. generalized anxiety disorder
- c. depression

229. Best diagnostic in acute diverticulitis:

- a. CT
- b. barium enema
- c. colonoscopy-sigmoidoscopy

General Surgery

230. 37 year - old male had been stabbed on midtriceps, after one week of dressing they remove the dressing and there is greenish fluid discharge . On microscopic examination of this greenish fluid show gram positive cocci in chains:

- a. Streptococcal gangrene
- b. Chlostrideal gangrene
- c. Fournier's gangrene
- d. Meningocemia

231. Which of the following drugs is contraindicated in a case of acute Cholecystitis

- a. Naproxen
- b. Morphine
- c. Mepridene
- d. Acetamenophin
- e. Perdoxyphen

232. Patient with bed sore involve skin and extend to fascia what a Grade :

- a. Grade1
- b. Grade 2
- c. Grade 3
- d. Grade 4

233. Filling defect in renal pelvis not opaque, on us echo (they describe the appearance of this filling defect but i forget it) what is this Filling defect:

- a. Uric acid stone
- b. Blood clot
- c. Epith. Cells
- d. Vascular

Uric acid stones are radiolucent (unlike other types of stones)

234. Old patient. Complaining of abdominal pain, vomiting o/e there is a Longitudinal scar in abdomen, on abdominal x-ray there is air fluid level, What is the next step:

- a. Conservative management**

235. Case of Perth's disease what is the appropriate management:

- a. Physiotherapy
- b. Surgery ?**
- c. Non weight bearing for 6m

The ttt. depends on the extent of the condition: it could be started by NSAIDS/PT and it may reach to the level of surgery.

236. A man who is been in an accident, just arrive to ER, you will :

- a. assess airway**
- b. assess GCS
- c. Establish IV lines

237. An old man 65 years with Hemoglobin 9 .. You will:

- a. Assess Iron levels
- b. Assess LDH
- c. Arrange for endoscopy**

238. A picture of mid line swelling that moves with deglutition:

- a. Colloid goiter**
- b. Cystic hygroma
- c. Thyroid carcinoma

General Surgery

239. A patient with 10 days history of MI discharged yesterday presents today with sudden painful left limb by exam limb is cold and pale. Dx:

- a. DVT
- b. arterial thrombosis
- c. arterial embolism

Embolism is more likely as the presence of a previous cardiac lesion favors embolism over thrombosis.

240. Patient with ARDS in hospital he develops tension pneumothorax. What is the cause?

- a. negative pressure ventilation
- b. 100% O₂

Both negative & positive can cause pneumothorax, if any of them is there choose it, if both choose positive because it is more likely.

241. Patient with high output fistula, for which TPN was ordered a few weeks, 2 unit of blood given and after 2 hours, the patient became comatose and unresponsive, what is the most likely cause:

- a. Septic shock
- b. Electrolytes imbalance
- c. Delayed response of blood mismatch
- d. Hypoglycemia
- e. Hypernatremia

I'm not sure about this answer

242. +ve leichman test:

- a. ACL injury

243. Old lady with skin changes near areola according to her because new detergent she used, if it didn't resolve after 2 weeks of steroid cream what you will do:

- a. Mammography**
- b. Cbc
- c. US

244. 3 years old boy with acute UTI , first thing to do in such acute thing :

- a. Indwelling foley catheter drain
- b. Voiding cystourethrography**
- c. cystoscopy

245. Patient with GERD has barret esophagus , this metaplasia increase risk of :

- a. Adenocarcinoma**
- b. Squmaous cell carcinoma

246. You are supposed to keep a child NPO he's 25 kgs, how much you will give:

- a. 1300
- b. 1400
- c. 1500
- d. 1600**

247. High sensitive & specific for urolithasis the man had severe pain for one day and you suspect kidney stones :

- a. CT scan**
- b. X ray
- c. MRI
- d. IVP
- e. US

248. Deep jaundice with palpable gallbladder:

- a. Cancer head of pancreas**

General Surgery

249. Most common symptoms of soft tissue sarcoma:

- a. Paralysis
- b. Ongrowing mass (painless)
- c. Pain

250. Patient with hypothenar muscle atrophy numbness on little finger EMG showed ulnar entrapment what you would do :

- a. Physiotherapy
- b. Observation
- c. Surgical release

251. A patient 70 years old with WBC 17000 and left iliac fossa tenderness and fever most likely has:

- a. diverticulitis
- b. colon cancer
- c. crohn disease

252. 70 yr old presented with wt loss, fatigue, anemia , upper quadrant pain without any previous history, the stool showed high fat he is a known :

- a. Acute pancreatitis
- b. Chronic pancreatitis
- c. Pancreatic carcinoma

253. A man after defecation finds blood on toilet paper he been having difficulties with defecation:

- a. colon cancer
- b. hemorrhoids
- c. anal fissure

254. A female pregnant previously she have DVT you will now give her:

- a. warfarin
- b. heparin
- c. aspirin
- d. enoxaparin

255. A patient come to ER with constricted pupil and respiratory compromise you will suspect:

- a. opiates
- b. cocaine
- c. ecstasy

256. Healthy child with pRBC in urine 15 cells/hpf .. what to do :

- a. repeat urine analysis for blood and protein

257. Investigation u child with symptoms of intestinal obstruction. What will do :

- a. barium enema
- b. barium follow through

258. Elbow fx , on lateral x-ray :

- a. Post. Fat pad sign

259. Picture (x-ray for intestinal obstruction) With very clear scenario and description.. The Q about what to do ?

- a. Remove the obstruction
- b. ileus management
- c. Intestinal decompression

According to the scenario

260. Professional player came with history of trauma on the lateral side of left knee , on examination there is swelling in the medial aspect of left knee , the diagnosis is :

- a. Medial collateral ligament spasm .
- b. Lateral collateral ligament spasm .
- c. Medial meniscus tear
- d. Lateral meniscus tear

261. In Acute pancreatitis there is:

- a. Pseudocyst
- b. Fistula

General Surgery

262. Pain in breast especially above the areola, most common cause is:

- a. Fibrocystic disease

I can't be 100% sure unless we see the other options.

263. Man with handwork by hammer came with pain one elbow diagnosis is:

- a. Lateral epicondylitis

264. 4th degree of hemorrhoids:

- a. Hemorrhoidectomy

265. Hx of trauma in DIP (finger hyperextension) with palm pain: (incomplete Q)

- a. Extraarticular fracture in DIP
- b. Intraarticular fracture in PID
- c. Superficial tendon tears
- d. Tendon profundus tear ?

Most likely, not 100 % sure

266. Urinary dripping and hesitancy ur Dx is mild BPH. ur next step in management is :

- a. transurethral retrograde prostatectomy
- b. start on medication (alpha blocker)
- c. open prostatectomy

267. 30 yrs pt c/o feeling heaviness in the lower abdomen having bulge palpable at the top scrotum that was reducible and increasing in valsalva maneuver,, diagnosis :

- a. hydrocele
- b. varicocele
- c. indirect inguinal hernia
- d. direct inguinal hernia

278. In cervical LNs there are well differentiated thyroid cells, during operation you find no lesion on thyroid what will you do next

- a. Total thyroidectomy
- b. Total thyroidectomy + radical cervical LNs dissection
- c. Total thyroidectomy + specific LNs dissection**
- d. Thyroid lobectomy with ----

279. Scenario about old man came with jaundice in skin and eye , all investigations were normal except for bilirubin and gave value for direct and indirect the direct was high

- a. extrahepatic biliary obstruction**

280. Young adult presented with pain on lateral elbow, tingling of lateral arm, he plays Squash:

- a. carpal tunnel
- b. lateral epicondylitis. (tennis elbow)**

281. A patient presented with pain in the index finger, he feels severe pain when holding scissors in the base of his finger on the palmar side, the finger is locked and there is also pain on full extension of the finger:

- a. Trigger finger**
- b. Mallet finger
- c. Dupuytren's contracture
- d. Tendon cyst

282. Baby with emesis, bloody mucoid discharge per rectum, constipated, loud bowel sounds and obstructive picture, your action:

- a. Barium follow through. (my answer) Δ INTUSCESPTION**
- b. Double contrast

283. 4 year old kid keeps spitting his food:

- a. Reassure
- b. Endoscopy**

General Surgery

284. Decreased the fatty shadows around distal colon, your next step:

- a. Double contrast ??

285. A young lady with cyclical metromenorrhagia and pain, she has never used any kind of contraceptives before, your TTT:

- a. NSAIDs
- b. OCP
- c. Danazol

286. Middle aged man with hematuria and uremia, Rt. And Lt. Quadrant masses palpable "what quadrants?" what's the Dx:

- a. Hepatorenal syndrome
- b. Suprahepatoma "what now?"
- c. Polycystic Kidney disease (my answer)

287. A scenario of a patient undergone gastrectomy 1 day back..what's the cause of fever :

- a. wound infection
- b. inflammatory mediators

Causes of Post-op fever (Mnemonic):

1-2 days: **Wind** = pulmonary causes e.g. atelectasis

3-4 days: **Water** = UTI

5-6 days: **Walking** = DVT/PE

7 days: **Wound** = wound infection

> 7 days: **Wonder?** = drugs "wondering what did we do "

Furthermore, post op fever could be a normal process due to inflammatory mediators.

288. A pt is complaining of vomiting. On ex there was wavy movement. So the most likely dx is

- a. intestinal ob.

289. a pt with AF came with black stool (and i think hypotension)..dx is:

- a. ischemic mesentery**

290. An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:

- a. Osteoporosis
- b. Osteoarthritis**

291. old pt c/o bilateral knee pain with mild joint enlargement ESR and CRP normal dx :

- a. Osteoarthritis**
- b. Rheumatoid arthritis
- c. Gout
- d. Osteoporosis

292. Acute appendicitis:

- a. Occurs equally among men and women.
- b. With perforation will show fecalith in 10% of cases.
- c. Without perforation will show fecalith in fewer than 2% of cases.
- d. Has decreased in frequency during the past 20 years.
- e. Presents with vomiting in 25% of cases.

I'm not sure. Answers a, d, and e are wrong. Regarding the presence of a fecalith it is associated with an increase risk of perforation, however, I didn't find an exact rate, thus b might be the correct answer.

293. Female presented to ER with HCL burn on her face there was partial thickness burn. Management

- a. irrigation with water**
- b. irrigation with soda bi carb
- c. immediate debridement

General Surgery

294. pt sustain RTA his b/p 70/90 HR=140 RR=40 cold skin}} sign of hypovolemic shock ,, clinically there is bilateral pelvic fracture , What is the Appropriate NEXT step

- a. IV replacement
- b. blood transfusion
- c. splint fracture

IV crystalloids + Blood should be given

295. Which one of the following factors MOSTLY determiner the recurrence of colorectal cancer :

- a. age
- b. stage
- c. family history
- d. gender

296. An adult healthy male came with tender red swelling on right hand up to forearm and you found black head and large pore skin , he said it happen after trauma to his hand 1 week back , the management should be :

- a. topical antibiotic
- b. topical Antifungal
- c. cryosurgery
- d. Oral antibiotic

297. Male, presented with pain in the posterior aspect of the thigh, he was running long distance felt a pop in his thigh, on exam, tenderness, erythema, and swelling, no defect what is the best treatment:

- a. Surgery
- b. Ice, rest, bandages, and elevation of the limb.
- c. Bandages only.
- d. Splint.

298. Middle age Male presented to the ER comatose and his skin looks reddish, what's the most likely diagnosis?

- a. Carbon monoxide poisoning**
- b. High dose of insulin
- c. Septicemia

Cherry-red skin = CO poisoning

299. A patient is asking you why instead of doing self-breast exam. Every month not to do mammography yearly , what you'll say :

- a. mammography only detect deep tumor
- b. mammography and self-exam are complementary**
- c. self breast exam are better because it detect early tumor
- d. mammography are only for palpable masses

300. testicular fullness, like bag of worm , positive valsava:

- a. varicocele**

301. Female 25yo, ask you about breast self-examination when should be done:

- a. -6-7 day after cycle
- b. -5 day before
- c. -7-10 day after**
- d. -14-16 day after
- e. -after 2 day

302. Patient with terminal ovary cancer after surgery radiology found clamp in her abdomen:

- a. Don't inform her because she is terminal
- b. Inform her and refer her surgery

303. pt with hoarseness of voice . Next step:

- a. Laryngoscope**

General Surgery

304. Mother has baby with cleft palate and asks you what is the chance of having a second baby with cleft palate or cleft lip :

- a. 4 %
- b. 25 %
- c. 50 %
- d. 1 %.

305. celiac dz . all should be avoided except :

- a. wheat
- b. oat
- c. Rice

306. Acute loss of body fluid into abdominal cavity:

- a. Sepsis.
- b. Hypovolemic shock.
- c. Cardiogenic shock.
- d. Neurogenic shock.
- e. Emesis.

307. What is the role of VIT C in wound healing:

- a. Collagen synthesis

308. Man use sildenafil (Viagra), to prevent hypotension you should not use:

- a. nitrate
- b. B blocker
- c. ACEI
- d. CCB

309. Perianal mass fluctuant red hot treatment :

- a. I&D

310. Back hemangioma treatment

- a. Usually improve spontaneously

311. Treatment of gastric ulcer without H. pylori

- a. Reduce acidity of the stomach eg. Proton pump inhibitor for 8 weeks

312. Which of the following take with analgesic to decrease side effect ?

- a. cimetidine
- b. pseudoephedrine
- c. another type of anti-histaminic H₁ BLOCKER

Cimetidine or Ranitidine are both correct (or any H₂-blocker)

313. 26 yo psychotic patient presented to the hospital after 3 hours of ingestion of 3 pins, PE : unremarkable, X ray showed 3 pins in small intestine but no intestinal dilation or air fluid level. Your action will be

- a. Admit the patient to the hospital for serial x-rays and abdominal examination.
- b. Send the patient home and give follow up appointment.
- c. Start antibiotics and send home.
- d. Admit the patient and start antibiotics.

314. In CPR:

- a. Open the air way and give to breath
- b. Give to breath for 2min and then chest compression

The answers could be according to the previous guidelines (ABC) and not (CAB)

315. undescended testes

- a. surgery 6-18m

316. About hepatoma (hepatocellular carcinoma) what is true mostly associated with chronic liver disease

- a. Smoking is a risk factor
- b. 10% in Africa and Asia

In sub-Saharan Africa and Southeast Asia, HCC is the most common cancer. The main risk factor is having a liver infection with HBV or HCV. Males are affected more than females. Screening is by alpha-fetoprotein and US.

317. About large uncomplicated pneumothorax what's true:

- a. There is deviation of trachea
- b. There is decrease in percussion of the affected side

No tracheal deviation, symptoms are less prominent, and it may heal on its own within 10 days, however, chest tube & 100% may accelerate the healing process.

318. A long scenario about head trauma presented with periorbital swelling, the doctor suspected blowout fracture, what's true :

- a. an air-fluid level in the CT will exclude blowout fx
- b. globe injury is rare
- c. others options i forgot, just read about blowout fx

It is a fracture of the walls or floor of the orbit in which intra-orbital structures are pushed towards paranasal sinuses. Serious consequences of such injury include diplopia in upgaze due to inferior rectus entrapment. A tear-drop sign may be seen on x-ray & an air fluid level in the maxillary sinus on CT. The condition could be treated both conservatively or surgically (if there is diplopia, enophthalmos, or EOM entrapment)

319. Old pt, right iliac fossa pain, fever for 2 days, diarrhea, on CT thickness of intestinal wall, what to do:

- a. Urgent surgical referral.
- b. Antibiotic.
- c. Barium enema.
- d. Colonoscopy.

320. Old patient male, presented with acute hematuria, passing red clots and RT testicular pain and flank pain:

- a. Testicular CA?
- b. RCC (renal cell carcinoma)
- c. Cystitis
- d. Epididymo-orchitis.
- e. Prostatitis.

It is the most likely diagnosis. RCC causes a painless hematuria, while cystitis, epididymo-orchitis, and prostatitis don't cause flank pain.

321. Regarding lung cancer:

- a. It is the leading cause of death in females????
- b. Adenocarcinoma common in the proximal part

322. pt. Intubated, the most reliable method to make sure for tube proper position:

- a. 5 point auscultation bilaterally breathing heard

It is a method but I don't know if it is the most reliable method or not. Other methods include: oxygen monitoring, chest expansion, and CXR.

323. Open frx Rx

- a. 1st G.C (cefazolin) + Aminoglycoside (gentamycin) + Metro + tenitus

General Surgery

324. Acute appendicitis in children all false except:
- a. Leukocytosis is diagnostic
 - b. Rarely perforated if it is not well treated
 - c. Can cause intestinal obstruction
 - d. Need ABC before surgery for every child
325. Diffuse abdominal pain “ in wave like” and vomiting. The diagnosis is:
- a. Pancreatitis
 - b. Appendicitis
 - c. Bowel obstruction
 - d. Cholelithiasis
326. Mechanical intestinal obstruction
- a. Nasogastric tube decompression
327. An old male gentleman presented w pallor ,RLQ fullness, constipation, anemia. What's the most imp. Investigation:
- a. Colonoscopy
328. pt with ulcerative colitis you will initiate Rx by which of the following:
- a. 5-ASA
 - b. Oral corticosteroids
 - c. Immunosuppressive agents
329. An elderly male pt came with bleeding per rectum & abnormal bowel habit. O/E liver span was 20 cm. what is the next step?
- a. Colonoscopy

330. Female came wit complain of diahrrea in the last 6 months, she lost some weight, she reported that mostly was bloody, when you preformed sigmoidoscopy you found fragile mucosa with bleeding ,Dx

- a. Colon cancer
- b. Chron's
- c. Ulcerative colitis**
- d. Gastroenteritis
- e. hemorrhoids

331. Which of the following antibiotics given alone is adequate for prophylaxis when performing an appendectomy?

- a. Cephalexin
- b. Ceftriaxone**
- c. Cefotaxime
- d. Metronidazole
- e. Ampicillin

332. A patient with long history of U.C on endoscopes see polyp and cancer lesion on left colon so ttt

- a. ttt of anemia
- b. left hemicolctomy
- c. total colectomy**
- d. remove polyp

333. Which of the following has been shown in multiple cohort studies to reduce the risk of colon cancer?

- a. Folic acid
- b. B complex vitamin
- c. Aspirin**
- d. Vitamin C
- e. Vitamin E

General Surgery

334. Risk factors for colon cancer include all of the following except

- a. History of breast cancer
- b. Asian descent
- c. Inflammatory bowel disease
- d. Peutz-Jeghers syndrome
- e. Prior hyperplastic polyps

335. All of the following are indications for endoscopy except:

- a. Normal male more than 45 years old

336. Patient was presented by constipation, vomiting, abdominal distension, with old scar in the lower abdomen, x ray showed dilated loops with air in the rectum , what is the best initial management :

- a. NGT decompression, and IV line.
- b. Rectal decompression and antibiotics.
- c. Suppositories.

337. Which of the following associated with high risk of colon cancer

- a. high alcohol
- b. smoking
- c. Gardner disease (FAP)

338. Crohn's disease is associated with which of the following?

- a. Inflammation limited to the superficial layer of the bowel wall
- b. The affinity to involve the rectosigmoid junction
- c. Decreased risk of colon cancer
- d. Continuous mucosal areas of ulceration that affect the anus
- e. Fistula formation

339. pt known case of ulcerative colitis with erythematous rash in lower limb what is most likely DX:

- a. erythema nodosum

340. Pt known to have ulcerative colitis coming with skin lesion around Tibia which is with irregular margins what is most likely Dx:

- a. **Pyoderma gangrenosum**

341. 40 years old Pt. known to have crohn's Disease, came with fevers, hip and back pain, blood positive brown stool. On examination, soft abdomen, normal bowel sounds, normal range of motion of hip. What is the best radiological diagnosis?

- a. Abd. US
- b. Abd. CT
- c. **Hip CT**
- d. IV venogram
- e. Kidney US

In adults, musculoskeletal complications (commonly arthritis) occurs with the attacks of Crohn's disease. Commonly affects large joints of lower extremity.

342. A 42 year old woman presented with a painful breast mass about 4 cm in the upper lateral quadrant. It increases in size with the menstrual period. Examination showed a tender nodularity of both breasts. What is the management?

- a. Hormonal treatment with oral contraceptive pills
- b. **Hormonal treatment with danazol "fibrocystic disease"**
- c. Lumpectomy
- d. Observation for 6 months

343. Female about 30y with breast cancer (given cbc -chem and reavel low hb and hematocrit) what is the next step in management?

- a. **Staging**
- b. Lumpectomy
- c. Mastectomy
- d. Chemotherapy

General Surgery

344. Factor which determine recurrence of breast cancer:

- a. Site & size of breast mass
- b. No of lymph nodes**
- c. Positive estrogen receptor
- d. Positive progesterone receptor

345. Pt after perforated gallbladder undergoes cholecystectomy come back with fever & CXR showed elevation of Rt dome of diaphragm, most likely dx:

- a. Subphrenic abscess**

346. Rt upper quadrant pain and tenderness, fever, high WBC, jaundice, normal hepatic marker:

- a. Acute cholecystitis
- b. Pancreatitis
- c. Acute hepatitis
- d. Acute Cholangitis**

347. The most common site for visceral hemangioma is

- a. Liver**

348. 70 year old male with chronic Hepatitis B virus antigen carrier. The screening of choice is:

- a. Alfa feto-protein + liver ultrasound**
- b. Alfa feto-protein + another tumor marker
- c. Abdominal CT + abdominal ultrasound

349. Sickie cell patient, asymptomatic with history of recurrent gall-stones and recurrent crisis the management is:

- a. Cholecystectomy**
- b. Hydroxyurea

350. Best management of acute cholangitis is:

Answer: If associated with suppuration: IVF, antibiotics, and decompression (ERCP) with drainage. If not associated with suppuration: IVF, antibiotics, and elective lap chole +/- ERCP

351. Best investigations for chronic Cholecystitis :

- a. Abdominal U/S**

352. Female patient treated for ascending cholangitis and pelvic inflammatory disease with ceftriaxone but no response. What is the underlying organism?

- a. Chlamydia ?**
- b. Neisseria gonorrhea
- c. Adenovirus
- d. Herpes
- e. Syphilis

353. Pt with scrotal pain & swelling, O/E: tender swelling & tender node in groin, increased intestinal sounds, one episode of vomiting & abdominal pain,...,mx:

- a. ask ultrasound.
- b. refer to surgeon.**
- c. refer to urologist.

A case of hernia causing IO

354. A 60 year old diabetic man presented with dull abdominal pain & progressive jaundice. On examination he had a palpable gallbladder. The most probable diagnosis is:

- a. Chronic Cholecystitis
- b. Common bile duct stone
- c. Carcinoma of the head of pancreas**
- d. Gallbladder stone
- e. Hydrocele of the gallbladder

Courvoisier's law

355. Origin of pancreatic carcinoma:

- a. Ductal epithelium**

356. Gold standard imaging in acute pancreatitis:

- a. CT scan**

General Surgery

357. 60 y.o , abd pain , wt loss , vomiting , muscle weakness , h/o smoking 2 packs for 35 yrs

- a. acute pancreatitis
- b. chronic pancreatitis
- c. pancreatic carcinoma.
- d. pancreatic abscess

Smoking is strongly associated with pancreatic carcinoma

358. 3weeks old male newborn with swelling of scrotum transparent to light & irreducible:

- a. Epididymitis
- b. Hydrocele

359. 4 weeks old male child with acute onset forceful non-billious vomiting after feeding. He is the first child in the family. He is not gaining normal wt and looks hungry. What's your diagnosis:

- a. Pyloric stenosis

360. 6 mths baby with crying episodes+current jelly stool,looks slightly pale,signs of obstruction wht is your Mx: (Dance's sign)

- a. barium enema first if not surgery
- b. immediate surgery
- c. I.v fluid & wait for resolution

Intussuception: 80 % of cases will resolve with enemas

361. Patient came with neck swelling, moves when patient protrude his tongue. Diagnosis is:

- a. Goiter
- b. Thyroglossus Cyst
- c. Cystic Hygroma

362. 4 years old pt. comes with cystic swelling behind lower lip varing in size has bluish discoloration

- a. Ranula

363. Newborn baby with umbilical hernia what u will say to his family?

- a. Reassurance that commonly will resolved in ? week (T) ?
- b. Surgical management is needed urgently
- c. Surgical management is needed before school age
- d. Give appointment after 1 month

If hernia doesn't resolve by 4-6 years, surgery is needed.

364. 9 months old baby, 10 kgs, maintenance daily fluid:

- a. 1000 ml
- b. 500 ml
- c. 2000 ml
- d. 2500 ml

365. All the followings characterize pediatric airway except:

- a. Short trachea
- b. Floppy epiglottis
- c. Narrow airway
- d. Glottis is the narrowest part
- e. Anterior larynx

Glottis is the narrowest part in adults.

366. Infant with sudden onset of screaming attack of pain and vomiting , pain 2-3 min at intervals of 10-15 min:

- a. infantile colic
- b. intussusception

General Surgery

367. A 55 yr old man presenting with Hx of streaks of blood in stool and dull pain on defecation that persists for half an hour after defecation, on examination there was a 3x2 cm thrombosed mass at 3 o'clock. What is the management?

- a. Sitz bath 5 times/ day.
- b. Application of local anesthetic and incision.**
- c. Application of antibiotic
- d. Band ligation and wait for it to fall
- e. Application of local anesthetic ointment

368. Pt. with perianal pain, examination showed tender, erythematous, fluctuant area, ttt is

- a. Incision and drainage**
- b. Antibiotic + sitz bath

369. Patient with piles not bothering him:

- a. increase water intake.
- b. increase fiber in diet.**
- c. surgery.

370. 15y old with pilonidal sinus so ttt

- a. Incision surgery
- b. local antibiotic
- c. daily clean

According to the scenario; the initial treatment may involve cleaning and antibiotics, and surgery is the last option.

371. A case of “pilonidal sinus” what is your DDx?

- a. Scrufolederma
- b. Furoncolosis
- c. Hydradenitis Suppurativa**
- d. Fungal Infection

372. Most common causes of hand infection

- a. Trauma**
- b. Immunocompromise

373. The total water in the body:

- a. 40% of total body weight
- b. Differs depending on age and sex**

374. If a patient is on IV fluids, a common source of infection:

- a. The site of entry of canulla**
- b. Contaminated IV fluids

375. A case scenario (patient present planter fascitis)

- a. Corticosteroid injection**
- b. silicon

Treatment: Hot bath, NSAIDS, and injection of steroids.

376. Patient with nausea, vomiting, and diarrhea developed postural hypotension. Fluid deficit is:

- a. Intracellular
- b. Extracellular**
- c. Interstitial

377. Surgical wound secrete a lot of discharge and u can see the internal organ through the wound

- a. Wound dehiscence**

378. A patient with blood group A had blood transfusion group B, the best statement that describe the result is :

- a. Type IV hypersensitivity
- b. Inflammatory reaction
- c. Type II hypersensitivity**

379. A nurse gave blood transfusion through a CVP line, 2 hours later the patient is comatose and unresponsive, dx:

- a. Septic shock
- b. Blood group mismatch
- c. Hyperkalemia**

General Surgery

380. 72 yrs old male body fluid loss 1 liter, how many kg of his body wt does this represent?

You should have the weight, e.g. if the weight is 70, then body fluid = 42 L (60%), thus 1 L represents: $70 \times 1/42 = 1.7$ Kg.

381. All of the followings affect rate of flow through IV line except:

- a. Line radius
- b. Line length**
- c. Pressure difference
- d. Fluid Viscosity
- e. Vein size

382. 15 YR boy comes Blood underneath the nail of his finger and having lines in front of her teeth, there is intense pain in his finger, pressure generated between the nail and the nailbed, where the blood collects, management is

- a. apply ice directly to skin
- b. refer to surgery
- c. lidocaine is injected at the bottom of finger and evacuation**
- d. painkillers

383. Thyroid nodule, best investigation:

- a. Fine needle biopsy**
- b. Ultrasound
- c. Uptake

It is the most cost-effective, sensitive and accurate test.

384. Which of the following suggest that thyroid nodule is benign rather than malignant:

- a. history of childhood head and neck radiation
- b. hard consistency
- c. lymphadenopathy
- d. presence of multiple nodules

Thyroid carcinoma most commonly manifests as a painless, palpable, solitary thyroid nodule

385. Single thyroid nodule showed high iodine uptake, best treatment is:

- a. Radio Iodine ¹³¹
- b. Send home
- c. Antithyroid medication
- d. Excision

386. The best prophylaxis of DVT in the post-op patient (safe and cost-effective):

- a. LMWH
- b. Warfarin
- c. Aspirin
- d. Unfractionated heparin

387. Patient is presented with hand cellulitis and red streaks in the hand and tender axillary lymphadenopathy. This condition is more likely to be associated with:

- a. Malignancy
- b. Pyoderma
- c. Neuropathy
- d. Lymphangitis

Red streaks appear with cellulitis, lymphangitis usually have a distal source of infection (Hand cellulitis) + tender swollen lymph nodes.

388. Benign tumors of stomach represent almost:

- a. 7 %
- b. 21 %
- c. 50 %
- d. 90 %

Benign tumors of the stomach are uncommon, with an incidence of 0.4% in autopsy series and 3-5% in upper endoscopic series

389. The most lethal injury to the chest is

- a. Pneumothorax
- b. Rupture aorta
- c. Flail chest
- d. Cardiac contusion

390. Best early sign to detect tension pneumothorax:

- a. Tracheal shift
- b. Distended neck veins
- c. Hypotension

391. All the followings are indications for chest tube in pneumothorax patients except:

- a. Positive pressure ventilation
- b. Bilateral
- c. Trauma
- d. Marfan Syndrome
- e. COPD patients

392. A patient with penetrating abdominal stab wound. Vitals are: HR 98, BP 140/80, RR 18. A part of omentum was protruding through the wound. What is the most appropriate next step:

- a. FAST Ultrasound
- b. DPL (Diagnostic peritoneal lavage)
- c. Explore the wound
- d. Arrange for a CT Scan
- e. Exploratory laparotomy

393. All the following are differentials of acute abdomen except:

- a. Pleurisy
- b. MI
- c. Herpes zoster
- d. polyarteritis nodosa
- e. pancreatitis

? All can cause acute abdomen.

394. All of the following signs or symptoms are characteristics of an extracellular fluid volume deficit EXCEPT:

- a. Dry, sticky oral mucous membranes.
- b. Decreased body temperature.
- c. Decreased skin turgor.
- d. Apathy ?
- e. Tachycardia.

Internal Medicine

1. Classic Scenario of stroke in a diabetic and hypertensive patient. What is the pathophysiology of stroke?

- a. **Atherosclerosis**
- b. Anyresm

2. After doing CPR on child and the showing asystole:

- a. Atropine
- b. **Adrenaline**
- c. Lidocane

3. Most common cause of hypertension in female adolescent is:

- a. Cushing syndrome
- b. Hyperthyroidism
- c. Renal disease
- d. **Essential HTN**
- e. Polycystic ovary disease

The order of prevalence in causes of adolescent HTN is: Essential hypertension; iatrogenic illness; renal parenchymal disease; renal vascular disease; endocrine causes; coarctation of the aorta.

4. Most common cause of intracerebral hemorrhage:

- a. Ruptured aneurysm
- b. **Hypertension**
- c. Trauma

5. Cause of syncope in aortic stenosis

- a. **Systemic hypotension**

6. Lady known to have recurrent DVT came with superior vena cava thrombosis, what is the dx

- a. SLE
- b. Christmas disease
- c. **Lung cancer**
- d. Nephrotic disease

80% of SVC thrombosis cases are caused by small cell lung cancer.

7. ECG changes in pericarditis:

- a. Prolonged P-R interval
- b. ST segment elevation
- c. Q waves
- d. Delta waves

8. When do we give aspirin+clopidogrol:

- a. pt with a hx of previous MI
- b. Acute MI
- c. hx of previous ischemic stroke
- d. hx of peripheral artery disease
- e. After cardiac catheterization

9. ECG changes in inferior wall MI are found in which leads

- a. II , III & AVf

10. Commonest cause of 2ry HTN:

- a. Pheochromocytoma
- b. Cushing's disease
- c. Renal artery stenosis
- d. Renal parenchymal disease

According to the age group; in pediatrics up to 18 years old it is renal parenchymal disease, in young adults it is thyroid diseases, in middle age adults it is aldosteronism, and in old adults > 65 it is atherosclerosis.

11. Pt brought to you pulseless, low blood pressure, ECG showed AF, how u would manage?

- a. CPR
- b. Cardioversion (d/c shock)

12. Case scenario (patient present with carotid artery obstruction by 80%, treatment by

- a. Carotid endarterectomy.
- b. Surgical bypass

If more than 70 % go to surgery

13. Case scenario patient known case of hypercholesteremia, BMI: 31. Present with investigation, showing (numbers): high total cholesterol, high LDL & high TG. Of these investigation what is the danger one for developing coronary artery disease:

a. LDL

14. A pt was brought by his son. He was pulseless & ECG showed ventricular tachycardia, BP 80/? Your action is:

a. 3 set shock

b. One D/C shock (cardioversion)

c. Amiodarone

d. CPR

15. One of the following is a characteristic of cardiac syncope (vasovagal attack):

a. Rapid recover

b. Abrupt onset

c. When turn neck to side

d. Bradycardia (The most likely answer)

e. Neurological deficit

16. A patient with hyperkalemia what abnormality you will see in ECG

a. Peaked T wave

17. ECG shows ST elevation in the following leads V₁, 2, 3, 4 & reciprocal changes in leads aVF & 2. What's your diagnosis?

a. Lateral MI

b. Anterior MI

c. Posterior MI

Anteroseptal is more precise.

- 18. One of the following is a manifestation of hypokalemia:**
- a. Peaked T wave
 - b. Wide QRS
 - c. Absent P wave
 - d. Seizure
 - e. Respiratory acidosis**
- 19. 35 years old male has SOB, orthopnea, PND, nocturia and lower limbs edema. What's the most common cause of this condition in this patient?**
- a. Valvular heart disease**
 - b. UTI
 - c. Coronary artery disease
 - d. Chronic HTN
- 20. Diastolic" blowing" murmur best to heard in the left sternal border increasing with squatting**
- a. AS
 - b. AR**
 - c. MS
 - d. MR
 - e. MVP
- 21. Female patient with MVP for dental procedure the dentist send her to you to get prophylaxis prior to the procedure. Physical examination was unremarkable she said that never had an echo. What you will do:**
- a. tell her that things are changed and she will need ABx prophylaxis
 - b. gives her amoxicillin-clavulanic
 - c. gives her gentamycin
 - d. Send her for echo**

22. PVC causes:

- a. Decrease O₂ to myocardium
- b. Decrease CO₂

Hypoxia and/or hypercapnia

23. A patient has high Blood Pressure on multiple visits, so he was diagnosed with hypertension, what is the Pathophysiology:

- a. increased peripheral resistance
- b. increased salt and water retention

24. Prophylaxis of arrhythmia post MI:

- a. Quinidine
- b. Quinine
- c. Lidocaine
- d. Procainamide

If a beta-blocker is an option choose it

25. What drug improves survival in CHF patients?

- a. Digoxin
- b. Hydralazine
- c. Diuretic (can't remember the name)

Drugs that improve the survival in CHF patients are: ACE-I, ARB (e.g. spironolactone), carvedilol, and hydralazine + nitrates.

26. Regarding MI all are true except:

- a. Unstable angina, longer duration of pain and can occur even at rest.
- b. Stable angina, shorter duration and occur with exertion
- c. There should be q wave in MI in V₂ (not always)
- d. Even if there is very painful unstable angina the cardiac enzymes will be normal

27. A patient with rheumatic fever after untreated strep infection after many years presented with Mitral regurge, the cause of massive regurge is dilatation of:

- a. Rt atrium
- b. Rt ventricle
- c. Lt atrium
- d. Lt ventricle

28. Which of the following decrease mortality after MI

- a. metoprolol
- b. nitroglycerine
- c. thiazide
- d. morphine

Aspirin less mortality and more important

29. What is the most risky side effect of antihypertensive drugs on elderly patients?

- a. Hypotension
- b. Hypokalemia??
- c. CNS side effect

30. Patient with orthostatic hypotension. What's the mechanism?

- a. Decrease intravascular volume
- b. Decrease intracellular volume
- c. Decrease interstitial volume

31. Man use saldinafil, to prevent hypotension he should not use

- a. nitrate
- b. B blocker
- c. ACE-I
- d. CCB

32. Which of the following anti hypertensive is contraindicated for an uncontrolled diabetic patient

- a. Hydrochlorothiazide**
- b. Losartan
- c. Hydralazine
- d. Spironolactone

33. Exercise recommended for patients with CAD is?

- a. Isometric
- b. Isotonic**
- c. Yoga

34. Young patient came with essential HTN and history of high Na and K intake, obese >30, the most attributable cause for HTN is:

- a. High Na intake
- b. High K intake
- c. Obesity**

35. The best anti HTN drug in patients with hyperaldosteronism & HTN is:

- a. spironolactone.**
- b. ACEI.
- c. BB.

36. A patient with hypertension, what is the best non-pharmacological method to lower the elevated blood pressure?

- a. Weight reduction**

37. Newly diagnosed patient with hypertension having Na=147, K=3, what is the most likely cause of his secondary hypertension:

- a. hyperaldosteronism "hyponatremia and hypokalemia"**

38. A patient with four-minute loss of consciousness DX:

- a. CVA
- b. Fainting**

39. A patient with hypertrophic subaortic stenosis referred from dentist before doing dental procedure what is true

- a. 50 % risk of endocarditis
- b. 12 % risk of endo carditis
- c. No need for prophylaxis
- d. Post procedure antibiotic is enough

40. Which of the following is an early sign of left heart failure:

- a. orthopnea.
- b. syncope

41. One of following true regarding systolic hypertension:

- a. In elderly it's more dangerous than diastolic HTN
- b. Occur usually due to mitral regurge
- c. Defined as systolic, above 140 and diastolic above 100 (This is combined systolic/diastolic)

42. Sinus tachycardia and atrial flutter, how to differentiate:

- a. Carotid artery massage
- b. Temporal art massage
- c. Adenosine IV

43. The best drug used as prophylaxis antiarrhythmic is:

- a. quinine
- b. quinidine vs magnesium
- c. lidocane

I think Amiodarone is the answer (but it is not present as an option)

44. With Atrial fibrillation what is the most common complication?

- a. -cerebrovascular events
- b. -v.tach
- c. -AMI
- d. -v.fib

45. How does the heart make more blood go to its muscle?
- a. By coronary dilatation
 - b. By IVC dilatation
 - c. By tachycardia
46. Male with auscultation, not clear, left sternal border, scratching sound, veins distended in neck, muffled heart sound:
- a. Cardiac tamponade
47. Patient with left bundle branch block will go for dental procedure, regarding endocarditis prophylaxis:
- a. No need
 - b. Before procedure.
 - c. After the procedure.
48. Drug contraindicated in hypertrophic obstructive cardiomyopathy:
- a. digoxin
 - b. one of b-blocker
49. Mitral stenosis:
- a. Diastolic high pitch
 - b. Systolic low pitch
 - c. Diastolic low pitch
50. A patient with congestive heart failure and pulmonary edema, what is the best treatment:
- a. spironolactone
 - b. furosemide.
51. An old pt presented with abdominal pain, back pain, pulsatile abdomen what's the step to confirm dx: this is a case of aortic aneurysm
- a. Abdominal US
 - b. Abdominal CT
 - c. Abdominal MRI

Internal Medicine

52. Drug that will delay need of surgery in AR (it should be statin)

- a. digoxin
- b. verapamil
- c. Nifedipine
- d. enalapril

53. Patient 20 year old comes with palpitations ECG show narrow QRS complexes and pulse is 300 bpm what is the true

- a. Amiodarone should included in the mangement

54. 59 y/o presented with new onset supraventricular tachycardia with palpitation, no Hx of SOB or chest pain, chest examination normal, oxygen sat in room air = 98% no peripheral edema, others are normal, the best initial investigation:

- a. ECG stress test.
- b. Pulmonary arteriography
- c. CT scan
- d. Thyroid stimulating hormone??

55. Which is not found in coarctation of the aorta:

- a. Upper limb hypertension
- b. Diastolic murmur heard all over precordium
- c. Skeletal deformity on chest x-ray

56. Pt with acute MI, presented with the rhythm strip shown (I think it was V-fib) what is the best ttt:

- a. Adenosine
- b. Diltiazem
- c. B-blocker (I don't remember the name)
- d. Lidocaine

?? It is supposed to be by d/c shock

57. A patient k/c/o endocarditis will do dental procedure prophylaxis?

- a. 2 g amoxicillin before procedure 1 h
- b. 1 g amoxicillin after procedure
- c. 2 g clindamycine before procedure 1 h
- d. 1 g clindamycine after procedure

58. 65 y/o male known to have atrial fibrillation came complaining of recurrent attacks of head lightness over the last 3 months. He used to take Digoxin but he had not used it for many years. His carotid examination was normal. Physical examination was normal apart from tachycardia. What would you consider to give this patient?

- a. Preparation from Digitalis.
- b. Propranolol.
- c. Cardiac rehabilitation.
- d. Cardiac conversion

59. Young male pt, normal physical, BP 120/80 mmhg, RR 18 /min, HEART RATE 210, no chest pain, no discomfort, no cyanosis, having complaint of palpitation, what is your next step is?

- a. prolong PR interval
- b. holter
- c. Vasodilator
- d. reassurance

60. A patient with sudden cardiac arrest the ECG showed no electrical activities with oscillation of QRS with different shapes. The underlying process is:

- a. Atrial dysfunction
- b. Ventricular dysfunction
- c. Toxic ingestion
- d. Metabolic cause

61. A patient having chest pain radiating to the back, decrease blood pressure in left arm and absent left femoral pulse with left sided pleural effusion on CXR, left ventricular hypertrophy on ECG, most proper investigation to dx:

- a. aortic angiogram
- b. amylase level
- c. cbc
- d. echo

62. An old patient come to ER with syncopal episodes, sub sternal chest pain and shortness of breath on exertion. He has 110/80 BP, bibasilar rales, which auscultatory finding would explain his finding?

- a. A harsh systolic crescendo decrescendo murmur at the upper right sterna border
- b. Diastolic murmur at mid left sternal border
- c. A holosystolic murmur at the apex
- d. A midsystolic murmur

This is a patient that has aortic stenosis because of the classic triad of (exertional dyspnea, chest pain, syncopal attacks)

63. Female complaint of palpitation, a 24hr shows occasional premature ventricular contractions and premature atrial contraction. Which of the following is the best management in this patient?

- a. Anti- anxiety.
- b. Beta blocker
- c. Digoxin
- d. Reassurance, no medication.

Very vague Question; PVC's is Considered benign and doesn't need treatment at all but beta-blockers are indicated if there is interference of life activity.

64. Before dental procedures, aortic stenosis patients should:

- a. . **Take nothing**
- b. . Ceftriaxone
- c. . Cephalosporin

65. Death related to MI occurs in which of the following conditions?

- a. . Cardiogenic shock
- b. . Aortic dissection
- c. . **Arrhythmia**
- d. . Cardiac tamponade

66. Cause of death in Ludwig Angina:

- a. **Asphyxia**
- b. Septicemia
- c. Pneumonia
- d. Rupture free wall

67. HIV patient has hemorrhagic lesion in the mouth and papules in the face. Skin biopsy show spindle cells and vascular structures:

- a. **Kaposi sarcoma**

68. A long scenario about a patient with polydipsia and polyuria. I don't remember the scenario but they mentioned osmolality in urine and serum measurement of Na and resistance to desmopressin.

- a. **Nephrogenic diabetes insipidus.**

DI: A disorder of polyuria and polydipsia caused by an abnormality in the regulation of ADH, either ADH is deficient (central) or the kidney doesn't respond to it (nephrogenic). It leads to hypernatremia due to excretion of water without sodium, thus the osmolality of urine is low.

69. The most common causes of precocious puberty:

- a. Idiopathic
- b. Functional ovary cysts
- c. Ovary tumor
- d. Brain tumor
- e. Adenoma

70. The Earliest sign of puberty in males is:

- a. Appearance of pubic hair
- b. Increase testicular size (In females breast budding)
- c. Increase penis size
- d. Increase prostate size

71. About DM in KSA:

- a. About < 10 %
- b. Most of the patients of insulin dependant type
- c. Female more affected with type 2 DM
- d. Most of NIDDM are obese

72. Younger diabetic patient came with abdominal pain, vomiting and ketones smelled from his mouth. What is frequent cause?

- a. Insulin mismanagement
- b. Diet mismanagement

73. 25 year old woman with weight loss, heat intolerance, irritable ...etc.

- a. Hyperthyroidism

74. Cushing syndrome best single test to confirm

- a. Plasma cortisol
- b. ACTH

Best is 24 H urine cortisol, 2nd best is dexamethasone suppression test

75. Twins one male and other female their father notice that female become puberty before male so what you say to father

- a. Female enter puberty 1-2 year before male
- b. Female enter puberty 2-3 year before male
- c. Female enter puberty at the same age male

76. 75 years old pt K/C/O hypothyroidism on thyroxine , (presented w many symptoms) , labs all normal (TSH , T₃ , T₄) except low CA , high phosphate , Dx:

- a. Primary hyperparathyroidism
- b. Secondary hyperparathyroidism (PTH resistance pseudohypoparathyroidism)
- c. Uncontrolled hypothyroidism

77. Gold standard imaging in acute pancreatitis:

- a. CT scan (if < 48h no value, dx clinical and labs)

78. Case scenario patient present with constipation ...Dx:

- a. Hypothyroidism

79. To confirm that the patient has hypothyroidism:

- a. T₄
- b. TSH
- c. free T₄

80. Case scenario (patient present with symptoms of hyperthyroidism, tender neck swelling. Diagnosis:

- a. (De Quervain thyroiditis) subacute thyroiditis, treated with NSAIDs and steroids

81. All the following cause hyponatremia except:

- a. DKA
- b. Diabetes insipidus
- c. High vasopressin level
- d. Heart failure

82. Pregnant with hyperthyroidism what you will give her?
- a. propylthiouracil
 - b. Radioactive iodine
83. Which of the following medications should be avoided in diabetic nephropathy:
- a. nifedipine
 - b. losartan
 - c. lisinopril
 - d. Thiazide
84. Patient known case of IDDM, presented with DKA. K= 6 mmol/L and blood sugar= 350 mg/dl. You will give him:
- a. IV fluid
 - b. IV fluid and insulin
 - c. Sodium bicarbonate
85. Diabetic patient on insulin and metformin has renal impairment. What's your next step?
- a. Stop metformin and add ACE inhibitor
86. Which of the following is true about pancreatitis?
- a. amylase is slowly rising but remain for days
 - b. amylase is more specific but less sensitive than lipase
 - c. Ranson criteria has severity (predictive) in acute pancreatitis
 - d. Pain is increased by sitting and relieved by lying down
 - e. Contraceptive pills is associated
87. 15y boy with unilateral gynecomastia your advice is
- a. may resolve spontaneously
 - b. b-there is variation from person to person
 - c. c-decrease use of soda oil or fish oil

88. Female not married with normal investigations except FBS=142 RBS196. so ttt

- a. give insulin subcutaneous
- b. advice not become married
- c. barrier contraceptive is good
- d. BMI control

89. A diabetic patient came to you with disturbance in conscious RBS 65. So main drug that cause hypoglycemia

- a. sulphonylurea (secretagogue)
- b. biguanide
- c. acarbose

90. Thyrotoxicosis include all of the following, except:

- a. Neuropathy
- b. Hyperglycemia
- c. Peripheral Proximal myopathy

91. Primary hyperaldosteronism is associated with:

- a. Hyponatremia
- b. Hypomagnesemia
- c. Hypokalemia
- d. Hyperkalemia

It leads to both hyponatremia (a) and hypokalemia (c).

92. The most active form is:

- a. T₄
- b. T₃
- c. TSH
- d. TRH

93. Treatment of Addison disease:

Glucocorticoid replacement, with mineralocorticoid replacement if 1°.

94. Antidiabetic gliazide medication, asking for the mechanism of action

- a. Stimulate insulin secretion from pancreas (secretagogue)

95. Difference between primary and secondary hyperaldosteronism:

Primary: increased aldosterone due to a local cause in adrenals e.g. adrenal hyperplasia.

Secondary: increased activity of RAA system. It is mainly due to high levels of renin e.g. Juxtaglomerular tumor.

96. pt presented with (a DKA scenario) what they were asking about the way that ketones are produced

Lack of insulin will cause lipolysis to the fat forming glycerol and free fatty acid the latter one will form the ketones.

97. Blood sugar in DM type 1 is best controlled by:

- a. Short acting insulin.
- b. Long acting.
- c. Intermediate.
- d. Hypoglycemic agents.
- e. Basal and bolus insulin.

The standard insulin therapy is giving a basal insulin dose and a preprandial dose.

98. Patient with truncal obesity, easy bruising, hypertension, buffalo hump, what is the diagnosis:

- a. Cushing.

99. Well known case of DM presented to the ER with drowsiness, in the investigations: Blood sugar = 400 mg/dl pH = 7.05. What is your management?

- a. 10 units insulin + 400 cc of dextrose.
- b. 0.1 unit/kg of insulin, subcutaneous.
- c. NaHCO .
- d. One liter of normal saline.

Management is by fluid therapy (NS), electrolyte therapy (KCl), and insulin therapy (0.1 u/kg/hr).

100. Patient has DM and renal impairment at what time did he starts to have diabetic nephropathy? There is curve for albumin shown

- a. 5y
- b. 10y
- c. 20y
- d. 25y

The answer depends on the curve that is displayed; the point of time at which the patient develops microalbuminuria (30 – 300 mg/day) is the answer.

101. Healthy patient with family history of DM type 2, the most factor that increase chance of DM are:

- a. HTN and Obesity
- b. Smoking and Obesity
- c. Pregnancy and HTN
- d. Pregnancy and Smoking

102. All the followings favor DKA over AKA except:

- a. Higher BS
- b. Lower HCO_3^-
- c. Higher K^+
- d. Lower AG
- e. Lower PH

They have similar lab values with the main difference in glucose level that is very high in DKA and low or normal in AKA. Other parameters differ according to severity of each.

103. Most commonly a pituitary adenoma secretes

- a. Acth
- b. Fsh
- c. Prolactin

104. Case about a child both RBS; FBS are elevated so he has DM1 ... what's the type of HLA

- a. DR₃
- b. DR₄
- c. DR₅
- d. DR₆
- e. DR₇

Both DR₃ and DR₄

105. Case about old diabetic patient who still has hyperglycemia despite increase insulin dose, the problem with insulin in obese patients is

- a. Post receptor resistance??

106. A man had increase shoe size and jaw, the responsible is:

- a. ACTH
- b. Somatomedin
- c. TSH
- d. Cortisone

107. The following more common with type2 DM than type1 DM:

- a. Weight loss
- b. Gradual onset
- c. Hereditary factors
- d. HLA DR₃+-DR₄

108. Read about rebound hyperglycemia in DM?? somogi and down phenomenon .

Somogyi phenomenon: *rebound hyperglycemia* from late night or early morning hypoglycemia. *Decreasing the dose* of the night insulin treats it.

Dawn phenomenon: Early morning hyperglycemia due to *increase secretion of GH. Increasing the dose* of the night insulin treats it.

Brittle diabetes: A diabetic child with wide fluctuation in the glucose level & repeated attacks of DKA.

Honeymoon period: After the diagnosis of DM → marked reduction in the insulin dose. It is due increase in the endogenous secretion of insulin by recently reactivated B-cell of the pancreas

109. A teacher in school presented with 3 days Hx of jaundice and abdominal pain, nausea and vomiting, 4 of school student had the same illness in lab what is true regarding this pt.:

- a. Positive for hepatitis A IgG
- b. Positive hepatitis A IgM
- c. Positive hepatitis B core
- d. Positive hepatitis B c anti-body

110. A 70-year-old male with chronic Hepatitis B virus antigen carrier. The screening of choice is:

- a. Alfa protien + liver ultrasound
- b. Alfa protien + another tumor marker
- c. Abdominal CT + abdominal ultrasound

111. 35 year old smoker, on examination white patch on the tongue, management:

- a. Antibiotics
- b. No ttt
- c. Close observation
- d. exscisional biopsy

Suspecting squamous cell carcinoma of the tongue

112. A 20-year-old male found to have hepatitis b surface antibodies:

- a. Previous vaccination
- b. Previous infection
- c. Active infection

+ve Hep B surface antibodies are present in previously vaccinated (only hep b surface antibody) and previously infected (+ others).

113. Patient with retrosternal chest pain, barium swallow show corkscrew appearance

- a. Achalasia
- b. Esophagitis
- c. GERD
- d. Diffuse esophageal spasm

114. Drinking of dirty water causes

- a. -Hepatitis A
- b. -B
- c. -C
- d. -D

115. Man with history of alcohol association with

- a. **High MCV**
- b. Folic acid deficiency
- c. B₁₂ deficiency
- d. Hepatitis

Alcoholism causes macrocytic anemia, and alcoholic hepatitis

116. Rx of pseudomembranous colitis:

- a. **Metronidazole**
- b. Vancomycin
- c. Clindamycin
- d. Amoxicillin

Both vancomycin and metronidazole are used, but metronidazole is the empiric treatment

117. pt presented with peptic ulcer, which of the following would support the dx:

- a. **Epigastric tenderness on deep palpation**
- b. Pain referred to back
- c. Relieved by meal, increased with hunger

C: is specific for duodenal ulcer

118. An elderly women presents w diarrhea, high fever, chills, & dysuria other physical examination is normal including no back pain, Dx:

- a. Bacterial cystitis
- b. **Bacterial gastroenteritis**
- c. Viral gastroenteritis
- d. Pyelonephritis

Pyelonephritis is always associated with back pain & cystitis/viral gastroenteritis is not associated with fever

119. Q about peptic ulcer, how to know if it is due Pylori or not.

H pylori Testing : serology, rapid urease test, histopathology, and culture

120. A female patient has clubbing, jaundice and pruritis. Lab results showed elevated liver enzymes (Alkaline phosphatase), high bilirubin, hyperlipidemia and positive antimitochondrial antibodies. What's the most likely diagnosis?

- a. Primary sclerosing cholangitis
- b. Primary biliary cirrhosis

121. A 60 yrs old male patient complaining of dysphagia to solid food. He is a known smoker and drinking alcohol. ROS: Wt loss. What's the most likely diagnosis?

- a. Esophageal cancer
- b. GERD
- c. Achalasia

122. Alcoholic and heavy smoker male patient presented with hematemesis. What's the most likely cause of his presentation?

- a. Esophageal varices

123. Chronic Diarrhea is a feature of:

- a. Hyponatremia
- b. Hypercalcemia
- c. Hypomagnesemia
- d. Metabolic Alkalosis?

124. Young patient with liver cirrhosis and ascites what diuretic to give:

- a. Spironolactone

125. E.histolytica cyst is destroyed by:

- a. Freezing
- b. Boiling**
- c. Iodine treatment
- d. Chlorine

126. Inflammatory bowel disease is idiopathic but one of following is possible underlying cause

- a. Immunological**

127. Patient with dysphagia to solid and liquid, and regurge, by barium there is non-peristalsis dilatation of esophagus and air-fluid level and tapering end. Diagnosis is

- a. Osophageal spasm
- b. Achalasia**
- c. Osophageal ca

128. Barrett's esophagus best management to do

(Serial endoscopies with biopsies)

129. Pt with 10 years hx of GERD that didn't relieved with antacid, EGD done & showed Barret's esophagus & biopsy showed low-grade dysplasia, mx:

- a. -Repeated EGD & biopsy**
- b. -esophageal resection.
- c. -fundoplication.

130. Pt with GERD that responded well to over the counter antacid but now not respond, the best drug:

- a. -H₂ blocker.
- b. -proton pump inhibitors.**

131. Group of diseases include, cystic fibrosis, liver failure, the cause is:

- a. Alpha one anti-trypsin deficiency**

132. Mallory Weiss syndrome:

- a. Resolve spontaneous

133. All can cause gastric ulcer except:

- a. Tricyclic antidepressant.
- b. Delay gastric emptying.
- c. Sepsis.
- d. Salicylates.
- e. Gastric outlet incompetent.

134. Patient with upper abdominal pain, nausea vomiting, with back pain, he is smoker for long time daily, fecal fat was +ve

- a. Acute pancreatitis
- b. Chronic pancreatitis
- c. Pancreatic CA

135. One of the following causes reflux esophagitis:

- a. Metoclopramide
- b. Theophylline

136. What is the most common cause of chronic diarrhea?

- a. IBS

137. What is the histologic type of barrette's esophagus?

- a. Squamous cell carcinoma
- b. Adenocarcinoma

138. What is most sensitive for DX of duodenal ulcer?

- a. Epigastric pain starting 30-60 min after the meal
- b. Epigastric pain starting immediately after a meal
- c. Increasing of pain when lying supine
- d. Pain radiating to the back

139. Patient comes with jaundice, three days after, the color of jaundice change to greenish what is the cause?

- a. Oxidation of bilirubin

140. Best Invx to Dx GERD is

- a. • History only
- b. • **History + upper GI endo**
- c. • History + barium study

141. Old male patient came with fever, abdominal pain, diarrhea, loss of weight, + ve occult blood, Labs shows that the patient is infected with streptococcus bovis, what you will do?

- a. • Give antibiotic
- b. • ORS
- c. • Abd X-Ray
- d. • **Colonoscopy**
- e. • Metronidazole

Streptococcus bovis has long been associated with colorectal cancer

142. Patient with chronic diarrhea with positive test of celiac disease (I did not remember the serology test of celiac disease) what you will advice him regarding diet

- a. protein free diet
- b. glucose free diet
- c. **gluten free diet**

143. An old patient presents with history dizziness & falling down 1 day ago accompanied by history of epigastric discomfort. He has very high tachycardia I think around 130-140 and BP 100/60. What is the diagnosis?

- a. **Leaking aortic aneurysm**
- b. Peptic ulcer
- c. GERD

144. In irritable bowel syndrome the following mechanism is contraction and slow wave myoelectricity seen in

- a. **Constipation**
- b. Diarrhea
- c. Obstruction
- d. gases

145. Symptoms of reflux esophagitis

- a. minor the risk of MI
- b. not effected by alkali
- c. increase by standing
- d. can be distinguish between it and duodenal ulcer

146. A young patient admitted because of URTI and BP 120/90 7 days after she develop acute abdomen, tenderness on examination, pt become pale, sweaty, BP 90/60 what will you do:

- a. Anterior abdomen CT?
- b. IV fluid and observation
- c. Gastroscope
- d. A double-contrast barium

147. Young patient complain of watery diarrhea, abdominal pain with a previous history of mucus diarrhea. Symptom improve when sleep

- a. Crohn's
- b. UC
- c. IBS

148. What is the major sign that can tell you that patient have polycythemia vera rather than secondary polycythemia:

- a. Hepatomegaly
- b. Splenomegaly
- c. Venous engorgement
- d. Hypertension

Hepatomegaly and HTN may also be present, but splenomegaly is present in 75% of cases.

149. Giemsa stained blood film is used for the diagnosis of

- a. Malaria

150. Diagnosis of hemochromatosis is by:

- a. Serum ferritin

151. 23 yrs old history of URTI then he developed ecchymosis best treated

- a. -Local AB
- b. -Local antiviral
- c. -Steroids

152. A patient with Hodgkin lymphoma, and Reed Sternberg cells in pathology and there are eosinophil leukocytes in blood so pathological classification is

- a. Mixed cellularity

153. Pt with mcv decrease and reticulocyte decrease iron deficiency anemia investigation to confirm diagnosis:

- a. Ferritin level and TIBC and serum iron
- b. BONE MARROW IRON STAIN
- c. Peripheral smear
- d. Electrophoresis

154. SCA complications in adults

- a. Cerebral infarction
- b. Cerebral hemorrhage

Infarction is more common in children

155. In IDA, which of the following iron studies is most specific:

- a. Iron level
- b. TIBC
- c. Ferritin level

156. Not an indication for warfarin use:

- a. Patient with normal heart
- b. Atrial fibrillation
- c. Post CABG

157. SC anemia pt present with sever musculoskeletal pain & had previous hx of frequent hospitalizations for the pain, your management:

- a. Narcotic analgesia

158. 55 Y.O male patient present for check up, physical examination is normal, lab investigation microcytic hypochromic anemia, Hb :9 the most likely cause to exclude is

- a. lymphoma.
- b. gastroenterology malignancy.

159. In which group you will do lower endoscopy for patients with iron deficiency anemia in which no benign cause:

- a. -Male all age group
- b. -Children
- c. -Postmenopausal women
- d. -Women + OCP

160. A young male who is a known case of sickle cell anemia presented with abdominal pain & joint pain. He is usually managed by hospitalization. Your management is:

- a. In-patient management & hospitalization
- b. Out-patient management by NSAID
- c. Hydration, analgesia, monitoring
- d. Narcotic opioids

161. High risk factor in CLL:

- a. Age
- b. Smoking
- c. History of breast cancer
- d. History of radiation

162. Male patient with hemoarthrosis. The most likely diagnosis is:

- a. Thrombocytopenia
- b. Factor 8 deficiency

163. Patient with macrocytic anemia without megaloblasts. What's the most likely diagnosis?

- a. Folic acid
- b. Vitamin B₁₂ deficiency
- c. **Alcoholism**

164. Young adult Sickle cell patients are commonly affected with

- a. Dementia
- b. **Multiple cerebral infarcts**

165. Sickle cell anemia patient presented with asymptomatic unilateral hip pain, most likely diagnosis is:

- a. Septic arthritis
- b. **Avascular Necrosis**

166. 2-y old sickler child coming with his parents after finishing the course of antibiotics for UTI, what would you give him:

- a. **Prophylactic penicillin**

167. Pt has polycythemia vera took a bath then experienced a generalized itch, what could explain this?

- a. **Due to increase in levels of histamine**

168. 60 years old patient presented by recurrent venous thrombosis including superior venous thrombosis, this patient most likely has:

- a. SLE
- b. Nephrotic syndrome
- c. Blood group O
- d. **Antiphospholipid syndrome**

169. Well known case of SCD presented by pleuritic chest pain, fever, tachypnea, respiratory rate was 30, and oxygen saturation is 90 % what is the diagnosis:

- a. Acute chest syndrome (or pneumonia would be more correct if it was the answer)
- b. Pericarditis
- c. VOC

170. Henoch-Schonlein purpura affects:

- a. Capillary
- b. Capillary and venule
- c. Arteriole, capillary and venule
- d. Artery to vein

171. The way to differentiate between low iron level from iron deficiency anemia and anemia of chronic disease is:

- a. Ferritin
- b. TIBC
- c. Serum Iron
- d. Serum Transferrin

172. All the followings prolong INR except:

- a. CLD
- b. Vitamin K deficiency
- c. Warfarin
- d. Factor VIII deficiency
- e. Factor VII deficiency

173. In acute radiation injury, which is the best parameter to predict survival:

- a. WBC count
- b. HCT
- c. Platelet count
- d. Absolute neutrophil count
- e. Absolute lymphocytic count

174. All the followings are indications for IV deferoxamine in iron OD except:

- a. Severe GI upset
- b. Iron Level > 500
- c. Acidosis
- d. Iron Level > TIBC
- e. **Vine rose urine**

175. What is the agent of choice in reversing heparin induced over anticoagulation causing life threatening bleeding?

- a. FFP
- b. **Protamine sulphate**
- c. Vit. K
- d. Prothrombin complex concentrate
- e. Traneximic acid

176. Lady known to have recurrent DVT came with superior vena cava thrombosis, what is the dx

- a. SLE
- b. Christmas disease
- c. **Lung cancer**
- d. Nephrotic disease

80% of SVC thrombosis cases are caused by small cell lung cancer.

177. What vaccine you'll give to a SCD child

- a. HBV
- b. H.influenza
- c. pneumococcal
- d. both A and B
- e. **both B and C**

178. Best drug for von willebrand disease is:

- a. Fresh frozen plasma
- b. **Cryoprecipitate**
- c. Steroids

(He didn't mention vasopressin in choices).

179. Patient on warfarin come with INR=7 what is your action

- a. Stop warfarin and re-check next day

180. Patient comes with hx of weight loss for 6 month with mild anemia, what is the next step?

- a. H.pylori antibodies test
- b. colonoscopy
- c. H2-blocker
- d. proton pump inhibitor

181. A known case of treated Hodgkin lymphoma (mediastinal mass) with radiotherapy not on regular follow up presented with gradual painless difficulty in swallowing and SOB. There is facial swelling and redness: DX

- a. SVC obstruction
- b. IVC obstruction
- c. Thoracic aortic aneurysm
- d. Abdominal aortic aneurysm

182. The cause of bleeding in Polycythemia Vera is:

- a. Increase viscosity
- b. Low platelets

It is due to qualitative platelet defect.

183. Anemia of chronic disease will show

- a. high ferritin high iron low TIBC
- b. Low ferritin low iron high TIBC
- c. High ferritin low iron low TIBC
- d. Low ferritin high iron low TIBC

184. Iron deficiency anemia will show

- a. Low ferritin low iron low TIBC
- b. Low ferritin low iron high TIBC
- c. high ferritin low iron low TIBC
- d. Low ferritin high iron low TIBC

185. Patient with CML taking imatinib mesylate and ondansetron for nausea and vomiting presented with tachycardia, fever, diaphoresis and hyperreflexia. Dx:

- a. ☐ Neuroleptic malignant syndrome
- b. ☐ Imatinib toxicity
- c. ☐ Ondansetron toxicity
- d. ☒ Serotonin syndrome

186. Case scenario about a patient who has history of loss of appetite, paresthesia, and numbness in the lower extremity, CBC showed Hb = 6, MCV= 131...most effective ttt for him: -

- a. Vitamin B₁₂

187. Blood film picture showing ring-like structure in the RBC. Dx is:

- a. Malaria

188. Patient presented with fatigability. His CBC was: Hb: 9.6 g/dl, WBC: 5800 (Neutrophils: 68%, Lymphocytes: 38%, Monocytes: 4%, Eosinophils: 2%, Basophils: 0.5%, Myeloblasts: 4%, Myelocytes: 1%, Metamyelocytes: 0.3%). The most likely diagnosis is:

- a. Leukemia
- b. Thalassemia
- c. Sickle cell anemia
- d. Chronic myeloid leukemia

189. 45 y/o female complaining of sore tongue, peripheral paresthesia and slight jaundice. Her investigations are: Bilirubin 3.4 (normal between 0.2 - 1.9), B₁₂ (low), Folate (normal), Serum ferritin (normal). The most probable diagnosis is:

- a. Iron deficiency anemia.
- b. Liver Cirrhosis.
- c. Pernicious anemia.
- d. Peripheral neuropathy

190. Massive splenomegaly other wise all blood readings are normal, the cause is

- a. IDA
- b. THALASEMIA?**
- c. LEUKEMIA

191. A patient having leukemia, there is a long chart with multiple values, according to that WBC increase, RBC decrease and thrombocytopenia, circulating leukemic blasts, positive myeloperoxidase the diagnosis is

- a. MYELOGENOUS LEUKEMIA
- b. MYELOBLAST LEUKEMIA**
- c. LYMPHOCYTIC LEUKEMIA
- d. LYMPHOBLASTIC LEUKEMIA

192. A patient complains of abdominal pain and joint pains. The abdominal pain is colicky in character, and accompanied by nausea, vomiting and diarrhea. There is blood and mucus in the stools. The pain in joints involved in the ankles and knees, on examination there is purpura appear on the legs and buttocks:

- a. Meningococcal Infections
- b. Rocky Mountain Spotted Fever
- c. Systemic Lupus Erythematosus
- d. Henoch sconein purpura**

193. Patient use illegal drug abuse and the blood show RNA virus. Which hepatitis

- a. A
- b. B
- c. C**
- d. D

194. Treatment of EBV (in scenario there patent with tonsillar exudates, lymphadenopathy, splenomegaly):

- a. Oral acyclovir
- b. Oral antibiotic
- c. IM or IV acyclovir
- d. Supportive TTT**
- e. Observation

195. Link the ttt with organism:

- a. Shigella → metronidazole
- b. Salmonella → erythromycin
- c. Campylobacter → azithromycin
- d. Giardia → Metronidazole

196. Gingivitis is most likely caused by

- a. -HSV**

197. Presence of anti-HBs indicates:

- a. carrier state
- b. infectivity
- c. previous infection or vaccination**
- d. acute infection

198. Which bacterial toxin used in treatment of maladies:

- a. Botulism**

199. An elderly male pt that is a known case of debilitating disease presented with fever, productive cough. Sputum culture showed a growth of G-ve organisms on a buffered charcoal yeast agar. The organism is:

- a. Mycoplasma pneumoniae
- b. Klebsiella pneumoniae
- c. Ureaplasma
- d. Legionella**

200. Which of the following organisms can cause invasion of the intestinal mucosa, regional lymph node and bacteremia:

- a. **Salmonella**
- b. Shigella
- c. E. coli
- d. Vibrio cholera
- e. Campylobacter jejuni

201. Patient came recently from Pakistan after a business trip complaining of frequent bloody stool. The commonest organism causes this presentation is:

- a. TB
- b. Syphilis
- c. AIDS
- d. **Amebic dysentery**
- e. E.coli

202. Patient with hematuria and diagnosed with bladder cancer. What's the likely causative agent?

- a. **Schistosoma haematobium**

203. Blood culture show gram negative rod shape that grow only on charcoal free fungal organism is:

- a. Staph. Aureus
- b. Chlamydia
- c. **Klebsiella**
- d. Mycoplasma

204. pt. came with scenario of chest infection, first day of admission he treated with cefotaxime, next day, pt state became bad with decrease perfusion and x-ray show complete rt. Side hydrothorax , causative organism

- a. Strepto. Pnem
- b. Staph. Aureus true if pneumothorax
- c. Hemophilus influenza
- d. **Pseudomonas**

Parapneumonic pleural effusion may be caused by gram positive bacteria (*S.aureus*, *S.pneumonia*) or gram negative (*H.influenzae*, *P.auregonisa*) cefotaxime is effective against gram -ve and gram +ve bacteria, but without anti-pseudomonal activity which makes *Pseudomonas* the most likely organism.

205. Malaria in a child

- a. **Most likely *M.falciparum***

206. Male patient working in the cotton field, presented with 3 wks Hx of cough. CXR showed bilateral hilar lymphadenopathy and biopsy (by bronchoscopy) showed non-caseating granuloma. What's your diagnosis?

- a. Sarcoidosis
- b. Amyloidosis
- c. Histiocytosis
- d. Berylliosis
- e. **Silicosis**

207. Young male had pharyngitis, then cough, fever, most likely org

- a. -staph aureus
- b. -strept pneumonia
- c. **-strept pyogenes**

208. In laboratory investigation shows *Yersenia pestis* which is true:

It is known cause bubonic plaque, although it has other forms. *Y. Pestis* is a gram-negative rod shaped bacterium stained by Wright Giemsa Stain. First line drugs include: Streptomycin, Tetracyclin, and Fluoroquinolone. Plaque is best prevented by rodent eradication.

209. An adult was presented by sore throat, congestion, fatigue, petechia in soft palate, tender spleen, and liver, what is the most likely diagnosis:

a. EBV

210. The best treatment for bacteroid

a. Clindamycin.

211. pt. with bilateral infiltration in lower lobe (pneumonia) which organism is suspected :

a. -*Legionella*

b. -*klebsiella*

212. pt discharge with meningococcal meningitis and now asymptomatic. What is next step?

a. -Rifampin

b. -Ceftriaxone

c. -No vaccine

213. Blood culture show gram negative rod shape that grow only on charcoal free fungal organism is:

a. Staph. Aureus

b. Chlamydia

c. *Klebsiella*

d. Mycoplasma

214. All the followings are indications for anaerobic coverage for aspiration pneumonia except:

- a. Presence of a cavity on CXR
- b. Putrid sputum
- c. Hospital—acquired
- d. Severe Periodontitis
- e. +ve gram stain for Bacteroides

215. Miliary TB is characterized by?

- a. spare lung apical
- b. septal line
- c. multiple lung nodules

216. Patient has symptoms of infection, desquamation of hands and feet, BP 170/110 dx:

- a. Syphilis
- b. Toxic shock syndrome it cause hypotension
- c. Scarlet fever

217. Drug of choice for schistosomiasis is:

- a. Praziquanetil

218. Old pt, bedridden, with bacteremia, organism is enterococcus faecalis, what the source of infection:

- a. UTI

219. What is most sensitive indicator for factitious fever?

- a. Pulse rate

220. Genital herpes CCC by

- a. Painful vesicular ulcer

221. An adult patient in 20s or 30s of age presents by history of 1 month of fever, 5 days of headache & 2 days of altered sensorium. On examination there is nuchal rigidity, then there is a table showing investigations, which include Hb: 10 g/dl Blood WBC: 18,000 CSF Examination: WBCs elevated: 77% lymphocytes, 33% Neutrophils. Protein ??? Glucose ??? What is the diagnosis?

- a. Viral meningioencephalitis
- b. Tuberculous meningitis

222. Which of the following is a gram -ve rods that grow on buffered charcoal yeast agar?

- a. Legionella Pneumophila

223. pt having HIV want to take TB DRUGS ,,

- a. Antibiotics containing rifampin, isoniazid, pyrazinamide and ethambutol for the first two months and just rifampin and isoniazid for the last four months
- b. Treatment with at least four effective antibiotics for 18-24 month is recommended
- c. Rifampin, isoniazid, pyrazinamide and ethambutol for 1 yr
- d. No treatment only Surgery on the lungs may be indicated

224. Pt with hypopigmented macules loss of sensation. Thickened nerves diagnosis was leprosy which type:

- a. Tuberculoid
- b. Lepromatous
- c. Borderline

225. A male travelled to Africa come to you after 2 weeks with fever and chilling, you suspect Malaria and you asked for blood film. The results show sickle organism with blue dots. Which of the following organism represent these features

- a. Falciparum
- b. Malaria
- c. Ovale
- d. Vivax

226. Case of meningitis in adult, causative organism:

- a. .menegococcus
- b. .s.pneumonia**
- c. .hsv
- d. .enterovirus

227. Hospitalized patient develops sepsis, causative organism:

- a. .pseudomonas
- b. .clostridium dif.
- c. .streptococcus
- d. .staphylococcus**

228. In the Time of TB outbreak what will you give as a prophylaxis?

- a. BCG
- b. Rifampicin mg PO
- c. Isoniazid**

229. Most common symptoms of renal cell carcinoma is

- a. Hematuria**
- b. Abdominal mass
- c. Flank pain

230. 29 pt c/o dysurea his microscopic showed G -ve organism is

- a. legonealla
- b. E.coli**

231. Pt with abdominal pain hematuria, HTN, and have abnormality in chromosome 16, diagnosis is

- a. POLYCYCTIC KIDNEY**

232. Commonest cause of chronic renal failure:

- a. HTN
- b. DM**

233. Case scenario a pediatric patient present with URTI, after 1 week the patient present to have hematuria, edema most probably diagnosis:

- a. IgA nephropathy
- b. post streptococcus GN**

234. The most important diagnostic test for that is:

- a. Microscopic RBC
- b. Macroscopic RBC.
- c. RBC cast.
- d. Low C₃**

235. Patient with renal transplant, he developed rejection one-week post transplantation, what could be the initial presentation of rejection:

- a. Hypercoagulability
- b. Increase urine out put with cold
- c. Fever**
- d. Anemia

236. Patient has bilateral abdominal masses with hematuria. Most likely diagnosis is:

- a. Hypernephroma
- b. Polycystic kidney disease**

237. Diabetic female her 24h-urine protein is 150 mg:

- a. Start on ACEIs**
- b. Refer to nephrologist
- c. Do nothing, this is normal range

238. Adult Polycystic kidney mode of inheritance:

- a. Autosomal dominant**

239. Patient came with HTN, KUB shows small left kidney, arteriography shows renal artery stenosis, what is the next investigation:

- a. Renal biopsy
- b. Renal CT scan
- c. Renal barium
- d. Retrograde pyelography

240. Single diagnostic test for PSGN:

- a. Low C₃
- b. Blood pressure above 95 percentile
- c. Slight rise urea and creatinine
- d. RBC casts

241. All the followings increase osmolar gap except:

- a. Ethylene Glycol
- b. ETOH
- c. Mannitol
- d. Sorbitol
- e. Atenolol

242. Goodpasture syndrome is associated with:

- a. Osteoporosis.
- b. Multiple fractures and nephrolithiasis
- c. Lung beeding and glomerulonephritis (hematuria)

243. 45 y/o pt with chronic renal failure. His GFR was found to be 12 which stage is this?

- a. Stage 1
- b. Stage 3
- c. Stage 5
- d. Stage 7

244. pt with HTN presented with edema, azotemia, GFR: 44 (not sure about the digits) what is the cause of her Kidney disease:

- a. Bilateral renal artery stenosis
- b. Diabetic nephropathy
- c. Reflux...??
- d. Renal tubular acidosis

245. 87 years old who brought by his daughter, she said he is forgettable, doing mess thing in room, do not maintain attention, neurological examination and the investigation are normal

- a. Alzheimer disease
- b. Multi-Infarct Dementia

246. Lady c/o headache bandlike pain

- a. Tension headache

247. Greatest risk of stroke:

- a. DM
- b. Elevated blood pressure
- c. Family history of stroke
- d. Hyperlipidemia

248. Which of the following found to reduce the risk of postherpetic neuralgia:

- a. corticosteroids only
- b. corticosteroids+valacyclovir
- c. valacyclovir only

249. A young girl experienced crampy abdominal pain & proximal muscular weakness but normal reflexes after receiving septrin (trimethoprim sulfamethoxazole):

- a. functional myositis
- b. polymyositis
- c. guillian barre syndrome
- d. neuritis
- e. porphyria

250. Old man who lifts weight complained of severe headache, his BP 150/95 he was answering ur questions & then become drowsy, Dx:

- a. subarachnoid hemorrhage**
- b. migraine
- c. tension headache
- d. intracerebral hge

251. pt presented with loss of taste in anterior 2/3 of tongue & mouth deviation , hx of head injury after RTA, the most likely injured cranial nerve:

- a. facial n.**
- b. trigeminal
- c. optic

252. Patient present with generalized seizures not known to have a seizure disorder. The most important thing to do now is:

If seizures are new-onset or if examination results are abnormal for the first time, neuroimaging is required.

253. Young man come with headache he is describing that this headache is the worst headache in his life what of the following will be less helpful:

- a. Asking more details about headache
- b. do MRI or CT scan
- c. skull x ray**
- d. LP

This is a case of SAH.

254. Lady come to you complaining that she enter the home of her grand father (old man) and she found that the things are not in its place and there is decrease of his memory but his personality intact CT brain and all imaging are normal what you will suspect:

- a. Alzheimer disease
- b. multi infarct dementia

255. Pt comes complaining of ptosis diplopia dysphagia what investigation you will do for him:

- a. Antibodies to acetylcholine receptors

256. A patient come to you with pain in posterior of neck and occipital area, no affection of vision, by cervical x ray there were decrease of joint space: what is your diagnosis:

- a. Cervical spondylosis

257. What of the following will not help you in diagnosis of multiple sclerosis?

- a. Visual evoked potential
- b. CT scan
- c. LP
- d. MRI

258. Sciatica:

- a. Never associated with sensory loss
- b. Don't cause pain with leg elevation
- c. Causes increased lumbar lordosis b/c spina; irritation
- d. Maybe associated with calf muscle weakness

259. Female patient with fatigue, muscle weakness, parasthesia in the lower limbs and unsteady gait. Do:

- a. Folate level
- b. Vitamin B₁₂ level
- c. Ferritin level

260. In brainstem damage:

- a. Absent spontaneous eye movement
- b. Increase PaCO₂**
- c. Unequal pupils
- d. Presence of motor movement

261. 1st line in Trigeminal Neuralgia management:

- a. Carbamazepine**

262. At what level LP done?

- a. L2-L3
- b. L3-L4**
- c. L4-L5
- d. L5-S1

263. Unilateral headache, exaggerated by exercise and light, Dx :

- a. Migraine**
- b. Cluster headache
- c. Stress headache

264. 70 years old with progressive dementia, no personality changes, neurological examination was normal but there is visual deficit, on brain CT shower cortex atrophy and ventricular dilatations:

- a. multi micro infract dementia
- b. alzheimer dementia**
- c. parkinsonism dementia

265. 70 years old with progressive dementia, on brain microscopy amyloid plaques and neurofibrillary tangles are clearly visible also Plaques are seen : Dx

- a. lewy dementia
- b. Parkisonism
- c. Alzheimer**

266. Baby with tonic-clonic convulsions, what drug you'll give the mother to take home if there is another seizure:

- a. **Diazepam**
- b. Phenytoin
- c. Phenobarbital

267. Which is not true In emergency management of stroke

- a. Give IVF to avoid D5 50%
- b. Give diazepam in convulsions
- c. **Anticonvulsants not needed in if seizures**
- d. Must correct electrolytes
- e. Treat elevated blood pressure

268. pt with alcohol drinking complains of headache, dilated pupil hyperactivity, agitation .he had history of alcohol withdrawal last week so ttt is

- a. **diazepam**
- b. naxtol
- c. haloperidol

269. 80 years old living in nursing home for the last 3 months his wife died 6 months ago and he had a coronary artery disease in the last month. He is now forgetful especially of short-term memory and decrease eye contact with and loss of interest. dx

- a. alzhiemer
- b. **depression**
- c. hypothyroidism

270. Patient with ischemic stroke present after 6 hours, the best treatment is:

- a. **ASA**
- b. TPA
- c. Clopidogril
- d. IV heparin
- e. Other anticoagulant

271. Pt involved in RTA with closed skull injury 10 days ago and now he is unable to bring spoon to his mouth, which area injured:

- a. -cerebellum.
- b. -parietal lobe.
- c. -temporal lobe.
- d. -frontal lobe.

272. Status epilepticus is :

- a. Continuous seizure activity more than 30 min without regaining consciousness

273. First sign of increased ICP is:

- a. Decrease level of consciousness
- b. Ipsilateral papillary dilatation
- c. Contralateral papillary dilatation

274. Exaggerated reflex in jaw, no fasciculation, difficulty in swallowing:

- a. pseudobulbar palsy

275. MS optic neuritis

- a. Painful vision loss

276. Diabetic patient was presented by spastic tongue, dysarthria, spontaneous crying what is the most likely diagnosis :

- a. Parkinson .
- b. Bulbar palsy .
- c. Pseudobulbar palsy
- d. Myasthenia gravis .

277. What is true about headache?

- a. headache of increased ICP occur severely at end of day
- b. normal CT may exclude subarachnoid hemorrhage .
- c. amaurosis fugax never come with temporal arteritis .
- d. neurological exam sign may exclude migraine
- e. cluster headache occur more in men than women

278. All the Followings may mimic Guillian barre syndrome except:

- a. Cord Compression
- b. Cauda equina compression
- c. Tetanus
- d. Poliomyelitis
- e. Tick palsy

279. Anosomia (unable to smell)

- a. Frontal lesion
- b. Occipital
- c. Temporal
- d. Parietal

280. Coffee-de latte confirms diagnosis of Neurofibroma:

- a. Arch-leaf nodule
- b. Axillaries and inguinal freckling??

281. pt has neck stiffness, headache, and petechial rash, lumber puncture showed a high pressure, what would be the cause

- a. group B strep
- b. N.meningtids
- c. m.tubecrlosis
- d. staph aures

282. Best treatment for female with migraine and HTN

- a. propranolol

283. Female patient presented with migraine headache, which is pulsatile, unilateral, increase with activity, doesn't want to take medication. Which of the following is appropriate:

- a. Biofeedback
- b. TCA
- c. BB

284. Most effective ttt of cluster headache:

- a. Ergotamine nebulizer
- b. S/C Sumatriptan**
- c. 100% O₂
- d. IV Verapamil

285. Patient with continuous seizures for 35 min. despite taking 20 mg Iv diazepam what to do??

- a. _ give 40 mg IV diazepam
- b. _ give IV phenytoin**
- c. _ give IV Phenobarbital

286. Case scenario of child with hx of head trauma who developed hemiparesis, dizziness, loss of proprioception. Most likely diagnosis:

- a. Lobar cerebral hemorrhage**

287. Male old patient has S&S of facial palsy (LMNL); which of the following correct about it;

- a. almost most of the cases start to improve in 2nd week**
- b. it need ttt by antibiotic and anti viral
- c. contraindicated to give corticosteroid
- d. usually about 25 % of the cases has permanent affection

288. A scenario about an old male with symptoms suggesting parkinsonism such as difficulty walking, resting tremors and rigidity in addition to hypotension. Then he asks about what is the most common presenting symptom of this disease

- a. Rigidity
- b. Tremors**
- c. Unsteady Gait
- d. Hypotension

289. A patient presenting with severe jaw pain on the left side. The pain is knife-like lasting several seconds, usually starts at the mandible then spread to the maxilla and periorbital area. The best management is:

- a. Analgesia.
- b. Olanzapine.
- c. Corticosteroids.
- d. Carbamazepine.

It is a case of trigeminal neuralgia.

290. 2 years migraine, what is the best method to diagnose?

- a. MRI brain
- b. CT
- c. Full history and examination

291. CSF in aseptic meningitis

- a. Low Protein
- b. High glucose
- c. Neutrophils
- d. Lymphocytes
- e. Eosinophils

292. Female patient had carpopedal spasm after measuring her BP. This is caused by:

- a. Hypocalcemia

293. All following are criteria of chronic fatigue syndrome except

Characterized by: minimum of 6 months in adults and 3 months in children not due to ongoing exertion. Symptoms include

- Impaired memory or concentration
- Post-exertional malaise.
- Unrefreshing sleep
- Muscle pain
- Arthralgia
- Headaches
- Sore throat, frequent or recurring
- Tender lymph nodes

294. Regarding chronic fatigue syndrome, which is true?

- a. Antibiotics may reduce the symptoms
- b. Antidepressants may reduce the symptoms
- c. Rest may reduce the symptoms
- d. Many patients do not fully recover from CFS even with treatment

295. Patient has fatigue while walking last night. He is on atorvastatin for 8 months, Ciprofloxacin, Diltiazem and alphaco. The cause of this fatigue is:

- a. Diltiazem and Atrovastatin
- b. Atrovastatin and Ciprofloxacin
- c. Atrovastatin and Alphaco

296. Child with multiple painful swellings on the dorsum of hands, feet, fingers and toes, his CBC showed Hb=7, RBC's on peripheral smear are crescent shaped, what is your long-term care : ??

- a. corticosteroids
- b. penicillin V
- c. antihistaminic

297. Rapid correction of hypernatraemia cause:

- a. brain edema.

298. Pt. with dry eye, dry mouth, cracked tongue, skin dryness (symptoms of sjorgen syndrome). The most proper course of treatment:

- a. NSAID
- b. Eye drops and saliva
- c. Water orally

299. Patient who is smoker the least disease to occur in him is:

- a. Urinary cancer.
- b. Colon cancer.

Smoking is protective against endometrial cancer.

300. Elderly male patient who is a smoker and known case of DM presented with fatigue, wt loss, loss of appetite and epigastric pain. O/E he has jaundice and palpable gall bladder. What's the most likely diagnosis?

- a. Acute pancreatitis
- b. Chronic pancreatitis
- c. Pancreatic cancer

301. Patient with untreated bronchogenic carcinoma has dilated neck veins, facial flushing, hoarsness and dysphagia (SVC syndrome). CXR showed small pleural effusion. What's your immediate action?

- a. Consult cardiologist for pericardiocentesis.
- b. Consult thoracic surgeon for Thoracocentesis.
- c. Consult oncologist - PANCOST TUMOR.

302. 50 years old male with difficulty swallowing food with wt loss:

- a. Oesophageal cancer

303. In supine portable CXR, all the followings are expected except:

- a. Cardiomegaly
- b. Cephalization of veins
- c. Wide mediastinum
- d. Poor exposure
- e. Loss of Aortic Knob

304. All of the following are risk factors for drug-resistant strept pneumonia except:

- a. Day care attendance
- b. Nursing home residents
- c. Recent hospital admission
- d. Meningeal involvement
- e. Recent Antibiotics

305. Regarding high serum lactate, all are true except:

- a. The most important cause is shock
- b. Correlate well with MR in sick patients
- c. Hypoxia is a well-known cause
- d. Cleared by the liver
- e. Anemia is rarely a cause

306. All the followings are indications for ETT in Bronchial asthma except:

- a. Severe fatigue
- b. ALC
- c. Sever acidosis
- d. PFR < 50
- e. Apnea

307. What is the cause of hypomagnesaemia?

- a. Diarrhea
- b. Water intoxication

308. A patient comes with diarrhea, confusion, muscle weakness he suffer from which of the following electrolyte disturbances?

- a. hypokalemia
- b. hyperkalemia
- c. hypercalcemia

309. One of the following conditions does not cause hypokalemia

- a. Metabolic alkalosis
- b. Furosemide
- c. Hyperaldosteronism
- d. Acute tubular necrosis
- e. Diarrhea

310. If we give a patient 100% O₂, all can be a side effect except:

- a. retrosternal chest pain.
- b. seizure
- c. dizziness
- d. Depression
- e. Ocular toxicity .

311. Old patient asking about pneumonia vaccine, long case, but the patient is healthy, your management:

- a. Recommend the pneumococcal vaccine and check immunization record
- b. Inform the pt he has no risk factors
- c. Report that pneumonia vaccine is not work

312. In acute renal failure, all is true except:

- a. Phosphatemia.
- b. Uremia.
- c. Acid phosphate increases.
- d. K⁺ increases.

313. Antihypertensive agent of choice in a diabetic pt who have HTN:

- a. B-blocker
- b. Diuretic
- c. Ca channel blocker
- d. ACEI

314. which drug may cause SLE like syndrome:

- a. hydralazine
- b. propranolol
- c. amoxicillin

315. Side effect of levodopa :

- a. fatal hepatic toxicity .
- b. fatal renal toxicity.
- c. dyskinesia
- d. speech

316. Most common side effect of atropine:

- a. brady cardia
- b. dryness of mouth

317. Which of the following medications is considered as HMG-CoA reductase inhibitor:

- a. Simvastatin
- b. Fibrate

318. digoxin toxicity:

- a. yellow vision

319. one of the following is true regarding metformin:

- a. Inhibit liver gluconeogenesis
- b. Cause weight gain

It also increases tissue sensitivity to insulin.

320. ibuprofen contraindicated in :

- a. Gastric ulcer
- b. Hypertension

321. Which is true about allopurinol:

- a. Good if given during acute gout
- b. Uricisoric
- c. Reduce the chance of uric acid stone
- d. Can be antagonize by salicylate

322. Clonidine decreases the effect of

- a. benzotropin
- b. levo dopa
- c. rubstin

323. Which one of the anti TB medications cause tinnitus, imbalance..

- a. -streptomycin
- b. -isoniazide
- c. -pyrizinamide

324. One of the following drug combinations should be avoided:

- a. Cephaloridine & paracetamol
- b. Penicillin & probenecid
- c. Digoxin & levadopa
- d. sulphamethaxazole & trimethoprim
- e. Tetracycline & aluminum hydroxide

325. what is true about alpha-blocker?

- a. Causes hypertension.
- b. Worsen benign prostatic hyperplasia.
- c. Cause tachycardia.

326. therapeutic range of INR:

- a. -2.5-3.5
- b. -2.0-3.0

327. Adenosine dose should be reduced in which of the following cases:

- a. Chronic renal failure.**
- b. Patients on theophylline.

328. Which NSAID economical use twice a day

- a. ibuprofen**
- b. Piroxicam
- c. Indomethacin
- d. Naproxen

329. which of the following anti hypertensive is contraindicated for an uncontrolled diabetic patient

- a. hydrochlorothiazide**
- b. Losartan
- c. hydralazine
- d. spironolactone

330. All the followings commonly complicated by massive K⁺ release after succinylcholine use except:

- a. CRF**
- b. Recent stroke
- c. Active myopathy
- d. Recent Spinal cord injury
- e. Multiple sclerosis relapse

It happens with cases of recent major traumas, recent infections

331. Glucagon may help in all the following situations except:

- a. BB OD
- b. Esophageal FB
- c. Hypoglycemic malnourished patients
- d. Anaphylaxis in patients on BB**
- e. CCB OD

332. All the following ODs may cause decreased HR except:

- a. Digoxin
- b. Organophosphate
- c. Heroin
- d. Valium
- e. iron

333. All are expected in verapamil OD except:

- a. increased BS
- b. hypokalemia
- c. decreased HR
- d. low BP
- e. LBBB

334. All can cause high AG acidosis in OD except:

- a. Ethylene Glycol
- b. Ethanol
- c. Methanol
- d. AKA
- e. INH

All of the answers are incorrect.

335. All commonly cause hyperkalemia in OD except:

- a. Digoxin
- b. BB
- c. Hydrofluoric acid
- d. Cocaine
- e. Aldactone

All of them cause, choose (c).

336. In Valproic acid OD, all are false except:

- a. The highest MR in Antiepileptic drugs OD
- b. Inhibits B-oxidation of lipids**
- c. Can Cause nephrotoxicity
- d. Causes carnitine accumulation
- e. Multidose activated charcoal helps excretion

337. All the following ODs can cause acute renal failure except:

- a. Amanita phalloides
- b. TCA**
- c. APAP
- d. ASA
- e. Ethylene glycol

338. All are relatively C/I in dig OD except:

- a. DC shock
- b. Pacing
- c. Ca⁺⁺
- d. Epinephrine
- e. Mg⁺⁺**

339. which of the following b- blockers has an alpha blocking effect?

- a. Labetelol & Carvedilol**

340. Drug that cause hair loss (anticonvulsant):

- a. Phentoin
- b. Valporic Acid**
- c. carbamazipine

341. pt treated for TB started to develop numbness, the vitamin deficient is:

- a. Thiamin
- b. Niacin
- c. Pyridoxine**
- d. Vit C

342. The mechanism of action of Aspirin:

- a. **Inhibit cyclooxygenase**
- b. Inhibit phospholipase A₂
- c. Inhibit phospholipid D

343. Which of the following medications if taken need to take the patient immediately to the hospital:

- a. Penicillin
- b. Diphenylhydramine
- c. OCPs
- d. **Quinine or Quinidine**

344. Which drug increase incidence of reflux oesophagitis:

- a. **Thiophylline**
- b. Amoxicilline
- c. Metoclopramide
- d. Rantidine
- e. Lansoprazole

345. Carvidolol drug interaction with

- a. **Digoxin**

Concomitant use of digitalis glycosides and beta-blockers including carvedilol may increase the risk of bradycardia.

346. Patient on Lisinopril complaining of cough, what's a drug that has the same action without the side effect:

- a. **Losartan**

347. Old patient with asthma and urine retention due to prostatic enlargement, hypertensive (BP: 180/100) what's the most appropriate drug to control hypertension?

Choose an alpha blocker

348. pt presented complaining of Muscle weakness, diarrhea after starting a prescribed antihypertensive diuretic drug , the most likely cause:

- a. Hybernatremia
- b. hyperkalemia
- c. hypokalemia
- d. hypercalcemia.

349. Side effect of furosemide:

It causes hyperglycemia, hyperuricemia, hypokalemia

350. Aluminum hydroxide will decrease absorption of:

- a. Tetracycline

351. What is the antiviral drug that cause fever, chills & muscle pain

- a. Interferon

352. Case scenario about a patient who is taking aspirin for abdominal pain and phenytoin who developed after a while non tender bilateral axillary LN hyperplasia...most likely due to:

- a. SLE
- b. Drug reaction (one of the effects of phenytoin is LN)
- c. Hodgkin lymphoma
- d. Stomach cancer

353. Patient with congestive heart failure, malaria and (other disease, I forgot it), presented with hx of drug overdose and arrhythmia, which drug is likely to be the cause:

- a. ACEI
- b. Quinine

354. 50 yrs/o patient with heart disease, you will prescribe nitroglycerine for him, what you will tell him about the adverse effect?

- a. Headache
- b. Impotence
- c. Hypotension

IT ALSO CAUSES ORTHOSTATIC HYPOTENSION

355. Active liver disease, elevated transaminases which of following drugs contraindicated:

- a. atorvastatin

356. The drug of choice for cold-induced urticaria is

- a. verapamil
- b. cimetidine
- c. diphenhydramine
- d. cyproheptadine
- e. hydroxyzine

357. Young man with pleurisy best management:

- a. NSAIDs
- b. acetaminophen
- c. cortisone

358. Prophylaxis of Asthma

- a. oral steroid
- b. inhaler steroids
- c. inhaler bronchodilator B agonists

359. Regarding COPD to reduce complication we should give

- a. theophylline
- b. pneumococcal vaccine

360. A case of severe asthma (inability to talk & silent chest) Rx:

- a. IV corticosteroids +short acting B2agonist
- b. IV aminophylline

361. Long home O₂ therapy is indicated for pt with COPD in case of:

- a. when Po₂ 95 – 88%
- b. when po₂ less than 88%
- c. nocturnal only

PaO₂ of less than 55 mm Hg or O₂ sat less than 90 %

362. Patient present with sever bronchial asthma which of the following drug, not recommended to give it:

- a. Sodium gluconate
- b. Corticosteroid (injection or orally?)
- c. Corticosteroid nebulizer.

363. A 27 yo girl came to the ER, she was breathing heavily, RR 20/min. she had numbness & tingling sensation around the mouth & tips of the fingers. What will you do?

- a. Let her breath into a bag
- b. Order serum electrolytes
- c. First give her 5ml of 50% glucose solution

Hyperventilation can sometimes cause symptoms such as numbness or tingling in the hands, feet and lips

364. A pt is a known case of moderate intermittent bronchial asthma. He is using ventoline nebulizer. He develops 3 attacks per week. The drug to be added is:

- a. Increase prednisolone dose
- b. Add long acting B agonist
- c. Add ipratropium
- d. IV aminophylline

short acting inhaled corticosteroid, if fails → long acting beta agonist

365. Antibiotic for community acquired pneumonia

- a. Gentamicin+Amoxicillin
- b. Erythromycin**

Or azithromycin

366. The most common cause of cough in adults is

- a. Asthma
- b. Gerd
- c. Postnasal drip**

367. Patient presented with sudden chest pain and dyspnea , tactile vocal fremitus and chest movement is decreased , by x-ray there is decreased pulmonary marking in left side , diagnosis:

- a. atelectasis of left lung
- b. spontaneous pneumothorax**
- c. pulmonary embolism

368. Patient has fever , night sweating , bloody sputum , weight loss , ppd test was positive . x-ray show infiltrate in apex of lung , ppd test is now reactionary , diagnosis

- a. activation of primary TB**
- b. sarcoidosis

369. Patient on 4 ant-tuberculous drugs for abdominal TB develops dizziness and decrease hearing. Which drug is responsible for this?

- a. -Streptomycin**
- b. -INH
- c. -Rifampicin
- d. -Ethambutol

370. COPD patient with emphysema has low oxygen prolonged chronic high CO₂, the respiratory drive is maintained in this patient by:

- a. Hypoxemia
- b. Hypercapnia
- c. Patient effort voluntary

371. Patient came complaining of fever, night sweating, hemoptysis with positive PPD test. Examination was normal, CXR shows infiltrate of left apical lung but in lateral X-ray showed nothing the repeated PPD test showed normal result diagnosis is:

- a. Sarcoidosis
- b. Reactivated TB
- c. Mycoplasma infection
- d. Viral infection

372. Good prognostic outcome with pt. has COPD after which of the following:

- a. Stopping smoking

373. Pt smoker with COPD, now febrile with productive cough of green sputum:

- a. -streptococcus pneumonia
- b. -mycoplasma catarrhalis.
- c. -chlamydia trachomatis.
- d. Haemophilus influenza.
- e. -influenza A.

Because hemophilus is the most common cause of pneumonia in COPD

374. Pt with symptoms of mild intermittent asthma, converted to mild persistent asthma and pt. on albuterol, you have to add :

- a. Long acting beta
- b. Short acting inhaled steroid

375. Scenario for pt. with severe asthma, tight chest, tachypnea and $\text{Co}_2 = 50$, next step:

- a. IV Aminophyllin
- b. Intubation
- c. Short acting beta and discharge him

376. pt. came with scenario of chest infection, first day of admission he treated with cefotaxime, next day , pt state became bad with decrease perfusion and x-ray show complete rt. Side hydrothorax , causative organism

- a. Strepto. Pnem
- b. Staph. Aureus true if pneumothorax
- c. Hemophilus influenza
- d. Pseudomonas

377. Asymptomatic pt with (+) ppd , ttt :

- a. Isonized 6 month
- b. Isonized and rifampicin for 6 month
- c. 3 drugs Regimen for 9 month
- d. INH for 6-9 months

378. pt. with respiratory distress , developed tension pneumothorax , the cause :

- a. Central venous line
- b. Negative pressure ventilation
- c. Tachycardia and hypertension
- d. Positive pressure ventilation

379. Elderly pt came with history of SOB , sudden onset awake him from sleep ,,and frothy sputum .. O/E LL edema , hepatojugular reflux , no gallop and there is bilateral rales and decreased air entry bilaterally. Where is the anatomical site of edema ?

- a. Interstitial
- b. Capillary
- c. Venous
- d. Alveolar

380. pt with asbestosis what is the specific sign :

- a. -Pleural calcification

381. At which chromosome is the cystic fibrosis gene:

- a. Long arm chromosome 7
- b. Short arm chromosome 7
- c. Long arm chromosome 8
- d. Short arm chromosome 8
- e. Long arm chromosome 17

382. A case scenario about bronchial carcinoma, which is true:

- a. The most common cancer in females
- b. Squamous cell carcinoma spreads faster (faster than adenocarcinoma)
- c. Adenocarcinoma is usually in the upper part
- d. Elevation of the diaphragm on the x-ray means that the carcinoma has metastasize outside the chest
- e. Bronchoscopy should be done (If the lesion can be accessed via airways)

383. All are expected ECG changes in PE except:

- a. Wide QRS
- b. Wide QTc
- c. ST-T changes
- d. BBB
- e. Axis change

384. All are expected in exudative pleural effusion except:

- a. Fluid/ serum protein > 0.5
- b. Fluid/ serum LDH > 0.4
- c. LDH 200
- d. Positive gram stain
- e. Low PH

Should be more than 0.6. Bacteria could be present depending on the cause

385. All commonly cause severe Community-acquired pneumonia except:

- a. Pneumococci?
- b. Klebsiella
- c. Mycoplasma
- d. Legionella
- e. Hemophilus influenza

klebsiella causes nosocomial pneumonia, mycoplasma & legionella cause atypical pneumonia

386. The most common cause of community acquired pneumonia:

- a. Hemophilus influenza
- b. Strept.pneumonia
- c. Mycoplasma
- d. Klebsella

387. All the followings can cause cyanosis except:

- a. Shock
- b. Methemoglobinemia
- c. CN OD
- d. TOF
- e. COPD

388. What is the most common S/S in PE:

- a. CP
- b. SOB
- c. Tachypnea
- d. Tachycardia
- e. Loud P₂

389. Old patient with DM2 + emphysema – non-community pneumonia. Best to give is:

- a. **Pnum. + Influenza vaccine now**
- b. “ “ “ 2 weeks after discharge
- c. “ “ “ 4 weeks after discharge
- d. Flu. Only
- e. Pneu. Only

390. Pt heavy smoker and have emphysema presented with pneumonia regarding vaccination

- a. Pneumococcal and influenza vaccine after 2 wks
- b. **Pneumococcal and influenza vaccine now**
- c. Pneumococcal after 2 wks and influenza vaccine now
- d. Pneumococcal alone
- e. influenza vaccine alone

391. Long scenario for a patient that smokes for 35 y with 2 packets daily, before 3 days develop cough with yellow sputum, since 3 hours became blood tinged sputum, X ray show opacification and filtration of rt hemithorax, DX:

- a. Bronchogenic CA
- b. Acute bronchitis
- c. Lobar pneumonia

→ Incomplete question, how about the status of the patient (e.g. vitals)

392. Patient with recurrent pneumonia and productive cough, foul smelling sputum increase with lying down + clubbing

- a. **bronchiectasis**
- b. BA
- c. pneumonia

Internal Medicine

393. Patient was PPD -ve, now become +ve, there is no symptoms, normal x ray, the management:

- a. Reassure
- b. Rifampicin and INH for 6 month
- c. Streptomycin for 7 month
- d. rifampicin for 6 months .

394. pt c/o cough, SOB, O/E reflect Wheezing on rt side. he is a known case of BA since 7y on steroid inhaler, CXR normal, pco₂ is 50, your action:

- a. .give O₂ and discharge
- b. .intubate, give O₂, re-measure pco₂
- c. .give aminophylline re-measure pco₂
- d. .give O₂ and refer to allergist

395. Most specific test for PE:

- a. venography
- b. Ventilation Perfusion (V/Q)
- c. X-ray

396. Patient +ve ppd before starting anti-tuberculous medication what the next action

- a. chest x-ray
- b. mantoux test

397. Primary TB:

- a. Usually involves upper lobe of lung.
- b. Normal X-ray.
- c. +ve PPD test.
- d. None of the above.
- e. All of the above.

398. pseudo-gout its

- a. -CaCO₃
- b. -CaCl₂
- c. -CPPD crystals

399. Which of the following is a disease-improving drug for RA:

- a. NSAID
- b. Hydroxychloroquine

DMARDS include Methotrexate, Sulfasalazine, Hydroxychloroquine

400. 55 Y.O patient present with unilateral shoulder, upper & lower limb pain with morning stiffness of more intensity after wake up, there is mild fever & the patient is depressed:

Diagnosis:

- a. Polymyalgia rheumatica

401. pt with polymyalgia rheumatic treatment :

- a. -prednisone
- b. -acyclovir
- c. -antibiotic

402. Paget disease:

- a. Normal ca and po₄, high ALP

403. Bechet disease:

- a. Painful ulcer in mouth and genitalia

404. The drug with the least side effects for the treatment of SLE is:

- a. NSAIDs
- b. Methotrexate
- c. Corticosteroid
- d. Hydroxychloroquine

405. child with positive gower sign which is most diagnostic test:

- a. Muscle biopsy (to confirm the dx of Duchenne muscular dystrophy)

406. female pt diagnosed as polymyalgia rheumatica , what you will find in clinical picture to support this diagnosis :

- a. osteophyte in joint radiograph
- b. tenderness of proximal muscle
- c. weakness of proximal muscle

Usually it causes pain and stiffness in neck, shoulder or hip

407. Female present with should pain, stiffness in her shoulders and hips joints. She face difficulty in changing her position form setting to standing, with signs of proximal myopathy, what investigation you should do:

- a. CK
- b. ESR
- c. ANA
- d. Rheumatoid factor

408. Pt has saddle nose deformity, complaining of SOB, hemoptysis and hematuria. The most likely diagnosis is:

- a. Wagner's granulomatosis : Presence of c-ANCA & steroid or cytotoxic

409. Female patient has morning stiffness and pain involving the MCP and PIP joints. What's the likely diagnosis?

- a. Rheumatoid arthritis

410. Case of temporal arteritis, what's the ttt:

- a. Corticosteroids

411. Man with pain and swelling of first metatarso-phalyngeal joint. Dx:

- a. Gout

412. 14y girl with arthralgia and photosensitivity and malar flush and proteinurea so diagnosis is

- a. RA
- b. lupus nephritis**
- c. UTI

413. Young male with morning stiffness at back relieved with activity and uveitis:

- a. Ankylosing Spondylitis**

414. Which of the following prognostic factor for SLE:

- a. ANA levels
- b. Sex
- c. Age
- d. Renal involvement**

415. Oral ulcers plus genital ulcers plus arthritis are manifestations for..

- a. behchets disease.**
- b. syphilis..
- c. herpes simplex

416. pt with hx of 5 yrs HTN on thiazide, came to ER midnight screaming holding his Lt foot, o/e pt afebrile, Lt foot tender erythema, swollen big toe most tender and painful, no other joint involvement

- a. cellulitis
- b. gouty arthritis**
- c. septic arthritis

417. 10 years old child with rheumatic fever treated early, no cardiac complication. Best to advice the family to continue prophylaxis for:

- a. 1 month
- b. 3 ys
- c. 4 ys
- d. 15 ys**

418. Mechanism of destruction of joint in RA:

- a. swelling of synovial fluid
- b. anti-inflammatory cytokines attacking the joint

419. Old age with & spine x-ray showed ankylosing spondylopathy, mx:

- a. -injection of subdural steroid.
- b. -back splint.
- c. -physiotherapy

420. Triad of heart block, uveitis and sacroileitis, Dx:

- a. Ankylosing spondylitis
- b. Lumbar stenosis
- c. multiple myeloma

421. old pt take hypertensive drugs and developed gout what is responsible drugs:

- a. furosemide
- b. thiazide

422. Which of following favor Dx of SLE??

- a. joint deformity
- b. lung cavitations
- c. severe rayaniod phenomenon
- d. cytooid body in retina

423. In a patient with rheumatoid arthritis:

- a. cold app. Over joint is good
- b. bed rest is the best
- c. Exercise will decrease post inflammatory contractures

424. Gouty arthritis -ve perfringens crystal what is the mechanism:

- a. Deposition of uric acid crystal in synovial fluid due to over saturation

425. A patient with arthritis, urethral discharge, culture of discharge came –ve for gonorrhea and chlamydia:

- a. Reiters disease**

Reiters syndrome: it is a form of reactive arthritis. arthritis of large joints, conjunctivitis or uveitis, and urethritis in men or cervicitis in women

426. A male patient complains of exquisite pain and tenderness in the left ankle, there is no history of trauma, the patient is taking Hydrochlorothiazide for HTN . on exam the ankle is very swollen and tender. Which of the following is best next step in management

- a. Begin colchicines and antibiotics
- b. Perform arthrocentesis**
- c. Begin allopurinol if uric acid is elevated
- d. Do ankle x-ray to rule out fractures
- e. Apply splint and casting .

Explanation; here is the rule: the sudden onset of severe monarticular arthritis suggest acute gouty arthritis, especially in patient with Diuretics “ HYDROCHLOROTHIAZIDE is the key “ so the best next step in this patient to prove the illness which is arthrocentesis (CHOICE B) 100% To make sure whether it's acute gouty or pseudogouty attack.

427. Lady with retro-orbital pain, eye tearfulness, and other feature of cluster headache. She was given treatment, which was not effective. All of the following are possible treatments for her except:

- a. Lithium
- b. Prednisone
- c. Verapamil
- d. Lidocaine
- e. Methysergide**

428. Ttt of contacts is applied in all of the following except:
- a. **Bilharisiasis**
 - b. malaria
 - c. hook worm
 - d. Filariasis
429. Which of the following adverse effects is NOT typically associated with phenytoin (Dilantin)?
- a. Cerebellar atrophy.
 - b. Hirsutism.
 - c. Gingival hyperplasia.
 - d. Stevens-Johnson syndrome.
 - e. **Hypertension.**
 - f. Macrocytic Anemia.
 - g. Osteoporosis.
430. What's correct regarding ankylosing spondylitis?
- a. **Upper lung fibrosis is known to occur**
 - b. Mostly happen after the age of 45 years.
 - c. Has +ve rheumatoid factor.
 - d. Joints of the hands & feet are affected.
 - e. Aortic incompetence occurs due to valvitis (or something like this).
431. Recognized unwanted side effect of anticholinergic drug:
- a. Diarrhea.
 - b. Increased salivation.
 - c. **Blurring of vision.**
432. A drug that interferes with bile acids to reduce serum cholesterol level:
- a. Simvastatin.
 - b. **Cholestyramine.**
 - c. Other drugs.

433. Calcium channel blockers as nifedipine, verapamil and diltiazem are extremely useful in all of the following applications except:

- a. Prinzmetal's angina
- b. Hypertension
- c. Atrial tachycardia
- d. Ventricular tachycardia**
- e. Effort angina

434. The effectiveness of ventilation during CPR is measured by:

- a. Chest rise**
- b. Pulse oximeter
- c. Pulse acceleration

435. Patient complains of diplopia , weakness , and frequent aspiration pneumonia in last 2 months. On examination there is spasticity and fasciculations DX ?

- a. Myasthenia gravis
- b. Myasthenia syndrome
- c. Motor neuron disease**

436. Which drug can be given to G6PD patient?

- a. ASA
- b. Sulphonamide
- c. Nitrofurantoin
- d. Chloroquine

All of the previous options can trigger attacks in a G6PD patient, thus the answer is not included here. Some say that there is an additional choice, which is Gentamicin (if it is there, choose it)

437. Case of a patient complain MI on treatment after 5 day patient have shortness of breath + crepitations on both lung??

- a. pulmonary embolism
- b. pneumonia
- c. mitral regurg**
- d. aortic regurg

438. In a diabetic patient what is the Target glycosylated haemoglobin is ? (the standard 5.5 -6)

- a. 4-5
- b. 7-8
- c. 3-4
- d. 6-7

439. 30 years old pregnant lady returned home after traveling had fever malaise facial nerve palsy seizure and heart block what is the dx??

- a. malaria
- b. meningitis
- c. Lyme disease
- d. epilepsy

440. Also what is the treatment of same case?

- a. metronidazole
- b. doxycycline
- c. amoxicillin
- d. ceftriaxone

441. When is Mantoux Test is considered +ve:

- a. Erythema of 5 mm in +ve HIV pt
- b. Induration of 6 mm in -ve HIV pt & IV drug addict
- c. Erythema of 10 mm immigrant from Philippines
- d. Induration of 10 mm in a diabetic patient
- e. Induration of 10 mm in a 4 years old child

All are true except (B), may be the answer is asking about when is the test considered -ve

442. Which drug is contra-indicated in cluster headache?

- a. bupropion
- b. lithium
- c. valium

443. A Diabetic patient presented with spastic tongue, dysarthria, spontaneous crying what is the most likely diagnosis :

- a. Parkinson .
- b. Bulbar palsy .
- c. **Pseudobulbar .**
- d. Myasthenia gravis .

444. In a patient with primary biliary cirrhosis which drug will help in restoring the histology of the liver:

- a. Steroid
- b. Interferon
- c. Ursodiol
- d. Azathioprine
- e. **Ursodeoxycholic acid**

445. Which one of these patients with pneumonia will you treat as an outpatient:

- a. 80 years; 104 F temperature, RR 24/min, P 126/min, BP 180/110
- b. 60 years; 102 F temperature, RR 22/min, P 124/min, BP 160/110
- c. **50 years; 98 F temperature, RR 20/min, P 110/min, BP 180/110**
- d. 80 years; 96 F temperature, RR 18/min, P 70/min, BP 110/80

446. In a patient with hyperthyroidism, to screen for long-term complications of the disease, what will you do:

- a. **Bone density scan**
- b. Brain CT scan
- c. ECG
- d. Echo

447. pt with presyncope & tachycardia & Hx of old MI, on examination cannon a waves in JVP, & ECG showed wide QRS complexes. Most likely dx:

- a. **ventricular tachycardia**
- b. preexisting AV block
- c. anterograde AV block
- d. reentrant AV nodal tachycardia
- e. bundle branch block

448. in aspirin overdose :

- a. liver enzyme will peak within 3-4 hr
- b. first signs include peripheral neuropathy and loss of reflexes
- c. 150 mg/kg of aspirin will not result in aspirin toxicity

449. 40 y/o with mild epigastric pain and nausea for 6 months endoscopy>loss of rugal folds, biopsy> infiltration of B lymphocytes treated with abx cause:

- a. salmonella
- b. H.pylori

450. difference between unstable and stable angina :

- a. necrosis of heart muscle
- b. appears to be independent of activity

451. drug contraindication hypertrophic obstructive cardiomyopathy;

- a. digoxin
- b. one of b-blocker
- c. alpha blocker

452. A man who is having severe vomiting and diarrhea and now developed leg cramps after receiving 3 liters of dextrose he is having:

- a. hypokalemia
- b. hyponatremia
- c. hyperkalemia
- d. hypernatremia

453. Patient with nausea, vomiting, and diarrhea developed postural hypotension . Fluid deficit is :

- a. Intracellular
- b. Extracellular
- c. Interstitial

454. a man who has had MI you will follow the next enzyme
- a. CPK
 - b. ALP
 - c. AST
 - d. Amylase
455. an old man who had stable angina the following is correct except:
- a. angina will last less than 10 min
 - b. occur on exertion
 - c. no enzymes will be elevated
 - d. will be associated with loss of consciousness
456. Which of the following is given as prophylactic anti-arrhythmic after MI:
- a. Procainamide
 - b. Lidocaine
 - c. Quinine
 - d. Metoprolol
457. a man travelled to Indonesia and had rice and cold water and ice cream .. he is now having severe watery diarrhea and severely dehydrated .. most likely he has:
- a. vibrio cholerae
 - b. C difficile
 - c. C perferngins
 - d. Dysentery
 - e. Shigella
458. cause of non-traumatic subarachnoid hemorrhage
- a. Middle meningeal artery
 - b. Bridging vein
 - c. rupture of a cerebral aneurysm

459. what's the organism responsible for pseudomembranous colitis:

- a. Pseudomonas
- b. Colisteridium
- c. E.coli
- d. Enterococcus fecalis

460. Which parameter is needed for (FICK formula for cardiac output measure)

- a. BP
- b. PCO₂
- c. MONO OXIDE
- d. OXYGEN CONSUMPTION (O₂ uptake)

461. PVC caused by:

- a. decrease o₂ supplement to heart
- b. increase co₂ to heart (co₂ poisoning)

Note: I don't know, All can cause PVC!

462. a man who received blood transfusion back in 1975 developed jaundice most likely has:

- a. Hep A
- b. Hep C
- c. Hep D
- d. Hep E
- e. Autoimmune hep

463. a man with high fever, petechial rash and CSF decrease glucose .. he has:

- a. N meningitis
- b. N gonorrhea
- c. H influenzae

464. a DM HTN patient with MI receiving metformin and diltiazem and other medication his creatine clearance is high .. you will do:

- a. add ACE II inhibitor
- b. remove metformin**
- c. continue same medication

465. The following is not a risk factor for coronary heart disease:

- a. High HDL**
- b. HTN
- c. DM
- d. Hypercholestrolemia

466. the best to give for DVT patients initially which is cost effective:

- a. LMWH (I think)**
- b. Unfractionated Heparin

467. all of the following is extrapyramidal Sx exept :

- a. dyskinesia
- b. akathesia
- c. clonic - tonic convulsion**

468. patient with congestive heart failure and pulmonary edema , what is the best treatment :

- a. spronalctone
- b. furosemide**

469. regarding murmur of mitral stenosis

- a. Holosystolic
- b. mid systolic
- c. mid-diastolic rumbling murmur**

470. adult pat. With mod. Persistent asthma on short acting bronchodilator & small dose inhaled steroid (the rest of scenario I didn't understand it, but he mention that pat. Need to take drug twice daily!!

- a. Increase the dose of steroid inhaler
- b. Theophyllin + steroid
- c. + steroid

471. p.t taking a medication , came to the ER suspecting she has overdose of her medication, her symptoms (convulsion, dilated pupil, hyperreflexia and strabismus) the medication is:

- a. TCA
- b. SSRI
- c. Hypervitaminosis

472. pt with hypertrophic subaortic stenosis ,, want to do tooth extraction,, regarding to development of endocarditis :

- a. High risk 50%
- b. no need for prophylactic antibiotics
- c. Post procedure antibiotics are sufficient ?????
- d. Low risk 12%

473. Pt came with cough , wheezing , his chest monophonic sound , on xray ther is patchy shadows in the upper lobe+ low volum wirh fibrosis ,, he lives in a crowded place .. What is the injection shuold be given to the pateint's contacts : ??????

- a. hemophe.influanza type b
- b. Immunoglobuline
- c. Menngioc. Conjugated C??????
- d. Basil calament !!?

474. 45 years old female came to ER with acutely swollen knee + ballotment patella .. The most important to do is: (needs more details)

- a. MRI of the knee
- b. Aspiration
- c. Complete blood count
- d. Rheumatoid factor???

475. Why influenza vaccine given annually :

- a. viral antigenic drift

476. COPD patient with emphysema has low oxygen prolonged chronic high CO₂, the respiratory drive is maintained in this patient by:

- a. Hypoxemia
- b. Hypercapnia ????

477. What is the correct about unstable angina :

- a. Same drug that use in stable angina .
- b. Should be treated seriously as it may lead to MI (Added by me)

Note: Fifty percent of people with unstable angina will have evidence of myocardial necrosis based on elevated cardiac serum markers such as creatine kinase isoenzyme (CK)-MB and troponin T or I, and thus have a diagnosis of non-ST elevation myocardial infarction

478. Patient with history of AF + MI , the best prevention for stroke is : ?

- a. Warfarin
- b. Surgery procedure
- c. Shunt

479. Drug-induced optic neuritis:

- a. Ethambutol
- b. Corticosteroid

480. In polycythemia cause of anemia is :

- a. Hypoviscosity

481. The best investigation for kidney function :

- a. 24 h collect urine
- b. Creatinine clearance

482. everything is normal except palpable tip of the spleen.. positive monospot test .. whats your action:

- a. Send him home
- b. Empiric antibiotic
- c. Antivirul
- d. Observation
- e. Supportive ttt

Note: Monospot test used for mononucleosis

483. Pt presented with orthopnea and pnd .. he have a history of mitral stenosis .. there is bilateral basal crepitation ... what is the dx

- a. Rt sided heart failure
- b. Lt sided

484. Adult respiratory distress syndrome

- a. Aortic stenosis

485. Which most common condition associated with endocarditis

- a. VSD
- b. ASD
- c. PDA
- d. TOF

486. Which condition least common associated with endocarditis

- a. VSD
- b. ASD
- c. PDA
- d. TOF

487. Treatment of peritonitis (the organism is Bacterioid fragile)
- a. Clindamycin
 - b. Metronidazole
488. Pt. with headache and vertebral lesion (Mothaten), Investigation???????????????
- a. Bone scan
489. Hx of wheezing and subcostal retraction for 2 days on salbutamol:
- a. Add corticosteroid
 - b. Theophylline
490. Pt. with moderate asthma on b-agonist:
- a. Add inhaler corticosteroid
491. Pt. take one breathe then stop for 10 seconds then take another breathe(I forget the description exactly), type?
- a. Cheyne-stokes
 - b. Kussmaul's
492. known side effect of long use of systemic corticosteroids:
- a. Asthma
 - b. Weakness in pelvic muscles
493. Used for treatment of pseudomembranous colitis:
- a. Metronidazole (my answer) also with vancomycin PO
494. pt taking digitalis he developed sudden disturbance in vision yellow discoloration and light flashes (that's what I remember from the question)
- a. digitalis toxicity
 - b. retinal detachment
495. What is the most specific test for syphilis:
- a. TPI
 - b. FTA

496. adolescent had pharyngitis then he developed pneumonia what is the most likely 2 organism:

- a. **Strept. Pneumonia**
- b. Staph aureus

497. pt had history of hypertension and no medication taken he eats a lot of meat with cholesterol, high triglyceride, low HDL in which category u will put the pt for risk of IHD:

- a. A
- b. B
- c. C

498. pt came with PND and orthopnea an examination he has bilateral basal crepitation and pulmonary edema what is the diagnosis:

- a. **left heart failure**
- b. right heart failure.
- c. Obesity, Smoking
- d. HTN, Obesity

499. Patient with stage 1 hypertension (BP: 140/85) and overweight (BMI= 28) , how would you treat him?

- a. **Exercise and weight reduction.**
- b. Weight reduction alone is not sufficient.
- c. Dietary pills.
- d. Antihypertensives

500. Patient with a scenario going with liver cirrhosis with ascites, diet instructions:

- a. High carbs, low protein
- b. **Sodium restriction**

501. which of the following is not a feature of normal ECG:

- a. **P wave is the repolarization of the atria**

502. The initial management for osteoarthritis in a young age pt

- a. **Strengthening of the quadriceps**

503. Well known case of DM was presented to the ER with drowsiness , in the investigations : blood sugar = 400 mg/dl , pH = 7.05 , what is your management ?

- a. 10 units insulin + 400 cc of dextrose .
- b. 0.1 unit/kg of insulin , subcutaneous .
- c. NaHCO .
- d. One liter of normal saline

504. End stage of COPD

- a. ERYTHROCYTOSIS
- b. HIGH Ca
- c. low K MY answer

505. RBBB :

- a. LONG S wave in lead V₁ and V₆ & LONG R in I

506. Pt . heavy smoking for 30yrs complaining of dysphagia endoscope done show picture (protrusion lesion:)

- a. Squamous cell carcinoma (my answer)
- b. Polyp other selection I forget that

507. lab values all r normal except Na (hyponatremia) treatment

- a. NS with kcl at 20 cc / hour
- b. NS with kcl at 80 cc\ hour??????
- c. 1/2 ns ...

508. mechanism of Cushing syndrome

- a. Increase ACTH from pituitary adenoma
- b. Increase ACTH from adrenal

509. leukemia case .. lab (pancytopenia , leukocytosis , +ve myeloperoxidase) Dx is

- a. ALL
- b. AML

510. hematology case ... prophral blood smear reveals target cell

- a. SCD

511. old pt with progressive weakness of hand grip , dysphagia

- a. MG dz
- b. Myasthenia Gravis

512. pt known case of stable angina for 2 years , came c/o palpitation , Holter monitor showed 1.2mm ST depression for 1 to 2 minutes in 5-10 minutes with your Dx

- a. Myocardial ischemia
- b. Sinus erythmia
- c. Normal variant

513. TTT of H.pylori infection:

- a. Omeprazole 2 weeks, clarithromycin and amoxicillin 1 week
- b. Ranitidine , erythromycin, metronidazole for 2 weeks.

514. A case of Cushing syndrome, to diagnose, we do ACTH challenge test, what is the pathophysiology of this test !!!!!

515. Young male, diagnosed with MITRAL REGURGE by auscultation , want to do dental , what to do:

- a. Give amoxicillin.
- b. Give augmentine.
- c. Do ECG.
- d. Do ECHO. (THERE was no option for DO NOTHING).

516. Male m diagnosed with mitral prolapsed, echo free, want to do dental work , what to do:

- a. Nothing .

517. Old male with neck stiffness, numbness and parasthesia in the little finger and ring finger and positive raised hand test, diagnosis is:

- a. Thoracic outlet syndrome
- b. Impingement syndrome
- c. Ulnar artery thrombosis
- d. Do CT scan for Cervical spine

518. Which of the following is the best treatment for Giardiasis:

- a. Metronidazole**

519. Most common cause of intracerebral hemorrhage:

- a. Hypertensive angiopathy**
- b. aneurysm
- c. AV malformation

520. Pt presented to ER with substernal chest pain. 3 month ago, pt had complete physical examination, and was normal, ECG normal, only high LDL in which he started low fat diet and medication for it. What is the factor the doctor will take into considerations as a risk factor:

- a. Previous normal physical examination.
- b. Previous normal ECG.
- c. Previous LDL level.?????????????**
- d. Current LDL level.?????????????**
- e. Current symptom.

521. Old male c/o sudden chest pain, decreased chest wall movement, hemoptysis, ECG changes of S₁ Q₃ T₃, what is most common diagnosis:

- a. Acute MI.
- b. Pulmonary embolism.**
- c. Severe pneumonia.

522. Case of old male, heavy smoker, on CXR there is a mass, have hyponatremia and hyperosmolar urine, what is the cause:

- a. Inappropriate secretion of ADH.**
- b. Pituitary failure.

523. carpenter 72 yrs old loss one of his family (death due to heart attack) came to U to do some investigation he well and fit. He Denied any history of chest pain Or S.O.B . O/E everything is normal except mid systolic ejection murmur at Lt sternal area without radiation to carotid what is your diagnosis

- a. aortic stenosis
- b. aortic sclerosis
- c. flow murmur
- d. Hypertrophic Subaortic Stenosis

524. treatment of Alzheimer disease

525. pt with recurrent inflammatory arthritis (migratory) and in past she had mouth ulcers now c/o abdominal pain what is the diagnosis

526. A question about which antidepressant can cause HTN crisis

527. pt with migraine and HTN best TTT

- a. propranolol.

528. best investigation for Giant Cell Arteritis

- a. Biopsy from temporal artery

529. pt with pulmonary embolism confirmed by CT scan what is initial therapy

- a. I.V heparin
- b. I.V warferin
- c. embloectomy

530. diarrhea after party, that what is organism?

- a. S.aureus

531. In active increase transaminase which of the following drugs contraindicated

- a. rinatidine
- b. infidipine
- c. **vastatin**

532. case scenario pt came with chest pain , radiate to jaw , increase with exercise ,decrease with rest DX:

- a. unstable angina
- b. **stable angina**
- c. prinzmetal angina

533. female pt ,KCO rheumatic heart , diastolic murmur ,complain of aphasia and hemiplegia‘ ,what will you do to find the >>>etiology<<< of this stroke:

- a. MR angiography
- b. Non-contrast CT
- c. **ECHO**
- d. ECG
- e. carotid Doppler

534. Yong man predict that he is going to have a seizure , then he became rigid for 15 sec then developed generalized tonic clonic convulsion for 45 sec. you initial ER action in future attacks will be :

- a. **insert airway device.?????**
- b. Apply physical splint or protection.

535. a young girl who become very stressed during exams and she pull her hair till a patches of alopecia – 2 appear how to ttt:

- a. Olanzapine
- b. fluoxetine

536. In the Time of TB outbreak what will you give as a prophylaxis

- a. BCG
- b. Rifampicin .. mg PO

537. Mg hydroxide inhibits the intestinal absorption of which drug?

a. Chloramphenicol

538. 65 y/o pt. presented with hepatosplenomegaly and lymphadenopathy ...bone marrow bx confirm dx of CLL,, the pt gave hx of breast cancer 5 yrs ago and was treated with chemotherapy since then ,, the pt is also smoker what is greatest risk for developing CLL??

- a. hx of radiation
- b. smooking
- c. previous cancer
- d. age

539. ttt of acute gouty arthritis ??????

- a. Allopurinol
- b. Indometathin
- c. Pencillamin
- d. Steroid

540. what is the most reliable laboratory to establish diagnosis of Acute glomerulonephritis ?

- a. RBC cast in urine
- b. increase WBC in urine
- c. low HGB with normal RBC
- d. small shrunk kidney by ultrasound

541. old female complain from rash then developed disne and lethargy What is the cause Subheretic dermatitis

a. Urea depositin

542. blast cell

- a. AML (blast cells are pathognomonic)
- b. ALL
- c. CML
- d. CLL

543. All in hypokalemia except:

- a. Hyper osmolar coma
- b. Phenytoin toxicity**
- c. Muscle paralysis

544. Pt with mi and after 5days from ttt suffer SOB and crepitations in both lungs

- a. pulmonary embolism
- b. pneumonia(my answer)
- c. Mitral reg
- d. Aortic reg

545. case cardiac canon a wave

- a. fistula
- b. Bad Q

546. Uric acid in body how the body removed by

- a. increase metabolism of uric acid in liver
- b. excretion of uric acid by lung

547. 17 yr old male pt with hx of multiple drug injection, otherwise healthy , came to ur clinic . what is the appropriate investigation that u have to do for him,

- a. Viral Hep B???
- b. HIV???
- c. Strep. Viridans
- d. MRSA

548. hemangioma in the back with 2 cm diameter what is ttt;

- a. excision
- b. biopsy
- c. observation**

549. hypocalcemia will be with all of the following except;

- a. ATN (acute tubular necrosis)
- b. Metabolic acidosis
- c. Chronic diarrhea
- d. Addison disease

550. pt with LBBB, but has normal heart structure with good rate and rhythm, will go under dental procedure

- a. give abx before
- b. give abx after
- c. no need to give

551. pt with sudden SOB , had posterior inferior MI, what is the cause;

- a. pulmonary embolism
- b. acute MR
- c. acute AS
- d. Arrhythmia

552. 35 YR old lady comes with complaint of swelling in the neck , swelling become firm large, and lobulated ,,pt complaints of psychosis, weight gain, depression, sensitivity to heat and cold, fatigue, bradycardia, constipation, migraines, muscle weakness cramps and hair loss...during investigations TSH INCREASE & T4DECREASE ,,diagnosis is

- a. Addison disease
- b. Hashimoto thyroiditis
- c. Idiopathic hypoparathyroidism
- d. Hypopituitarism

553. old pt , smoker ,COPD , having cough and shortness of breath in day time not at night how to treat him “

- a. THEOPHYLLINE
- b. IPRATROPIUM BROMIDE
- c. LONG ACTING BETA AGONIST

554. which of following drugs not use in WHO treatment of leprosy:

- a. Dapsone
- b. clofazimine
- c. rifampicin
- d. holperidol

555. question about asthma response to allergy and give 4 graph A,B,C,D for allergic phase

556. Which true about Alzheimer

- a. brain atrophy is not unusual generalized
- b. arteriosclerosing is most common cause

557. Table with lung volume measurement (I could not remember the numbers) Patient was smoker , and stop smoking for 10years, now complaining of dyspnea, which type of pulmonary disease he has

- a. restictive only
- b. obstructive and restrictive
- c. emphysema

558. Elderly came with sudden loss of vision in right eye with headache, investigation show high CRP and high ESR, what is the diagnosis

- a. temporal arteritis

559. What is the more prognostic factor for Chronic granulocytic leukemia

- a. stage
- b. bone marrow involvement
- c. age at discover

Internal Medicine

560. Elderly patient know case of IHD , you give him PRBC , but after that he suffer from fever with 38.5temperature, what you will do

- a. decrease rate of transfusion
- b. stop transfusion and treat patient with acetaminophen only
- c. stop transfusion and treat patient with Mannitol and acetaminophen

561. In outbreak of TB , what is the best way to prevent it

- a. give BCG
- b. Antibiotic chemoprophylaxis

562. Patient came comatose to ER with ingestion of many sleep pills, the doctor notice he is only grasp breath. Doctor do breath by mask, but nothing happen , what you will do

- a. continue one breath every 5seconds
- b. put him on recovery position
- c. intubation
- d. do nothing till whole medical team coming

563. Patient came with pitting edema grade 1, where is fluid will accumulate

- a. arteriole
- b. venule
- c. interstitial
- d. capillary

564. What is true about treatment of streptococcus pharyngitis

- a. decrease incidence of streptococcus glomerunephritis

565. Patient with mild asthma, he want to join sport team, what is the question you will ask the patient to know the severity of activity on his asthma

- a. do you cough at night
- b. do you use your salbutamol inhaler more frequent

566. clear case of cystic fibrosis ..pt whc repeated resp. infection...foul smell stool ,

- a. chloride is increase**

567. DM pt with pain in knee joint O/E knee was red and swelling what wl u do next

- a. X-ray
- b. MRI
- c. Arthrocentesis for culture
- d. incision and drainage

568. pic of ECG with a QS pt with no pulse

- a. vent. Tachycardia
- b. atrial
- c. Tachycardia
- d. wolff-parkinson-white syndrome
- e. tardive .. ???

569. flavi virus mode of transmission and vector

- a. sand fly plus
- b. mosquito plus

570. bundle branch block causes

- a. arotic stenosis
- b. pulmonary stenosis
- c. mitral
- d. cardiomyopathy

571. 40years old Pt. known to have crohn's Disease, came with fevers, hip and back pain, blood positive brown stool. on Examination, soft abdomen, normal bowel sounds, normal range of motion of hip. what is the best radiological diagnosis?

- a. Abd. US
- b. Abd. CT
- c. Hip CT
- d. IV venogram
- e. Kidney US

572. Pt. Obese , Smoker, High LDL, High triglycerides, Low HDL, past Hx of HTN but he didn't use his medications for the last 6 months, On Ex. BP=130/95. for better survival correct:

- a. Smoking, Obesity, HDL
- b. Obesity, HTN, Cholesterol

573. pt with risk factor for developing infective endocarditis. He will undergo a urology surgery. And he is sensitive for penicillin. What you will give him?

- a. IV vancomycin plus IV gentamicin
- b. oral tetracycline
- c. no need to give

574. long scenario about obese pt and his suffering with life...the important thing that he is snoring while he is sleeping...and the doctors record that he has about 80 apnea episode to extend that PO_2 reach 75% no other symptoms. Exam is normal. Your action:

- a. prescribe for him nasal strip
- b. prescribe an oral device
- c. refer to ENT for CPAP and monitoring refer for hospital

575. pt with typical signs and symptoms of DVT which one of the following will increase her condition:

- a. DIC
- b. Christmas disease (Haemophilia b)

576. what is the pathophysiology infection in DM why they develop infection)

- a. decrease phagocytosis
- b. decrease immunity
- c. help in bacteria overgrowth

577. pt came with pneumocystis carini infection. What is your action?

- a. Admit and discharge
- b. check HIV for him

578. case about pt with papules in the genital area with central umbilication (hx of unprotected sex)Molluscum contagiosum)

- a. Acyclovir

579. which one of the following is true about exercise:

- a. exercise decrease HDL
- b. exercise increase C reactive protein
- c. not useful in central obesity
- d. to get benefit...you have to exercise daily

580. young female with Hx of night sweat and wt loss for about 6 month splenomegaly-reed Sternberg cells in blood picture your diagnosis is

- a. Hodgkin's lymphoma
- b. non-Hodgkin's lymphoma

581. Pt had rheumatic episode in the past.. He developed mitral stenosis with orifice less than(...mm) (sever stenosis) This will lead to

- a. Lt atrial hypertrophy and dilatation
- b. Lt atrial dilatation and decreased pulmonary wedge pressure
- c. Rt atrial hypertrophy and decreased pulmonary wedge pressure
- d. Rt atrial hypertrophy and chamber constriction

582. cat bite predispose to skin infection by witch organism?

- a. Staph
- b. Strept
- c. Pasteurella multocida

583. Pt came to your clinic for check -up- O/E: you noticed Exophthalmos That she were not aware about it..how do you can measure or know the degree of this abnormality?

- a. Ask family members
- b. Ask for old photo
- c. Measure...something

584. A old pt came to your clinic to check for a macule on his back with typical characteristic of MALIGNANT MELANOMA (irregular borders, asymmetric, more than .7mm, brown-black color)

Note: Revise the ABCD mnemonic of melanoma

585. patient having chest pain radiating to the back, decrease blood pressure in left arm and absent left femoral pulse with left sided pleural effusion on CXR, left ventricular hypertrophy on ECG, most proper investigation to dx:

a. aortic angiogram

586. Pt with high total cholesterol 265mg/dl , LDL 150 , triglyceride 325 , HDL 100 most single risk factor???

a. low LDL

b. High LDL

c. High HDL

d. low HDL

e. high total cholesterol

587. most common physiological cause of hypoxemia

a. shunt

b. Ventilation perfusion mismatch

c. hypoventilation

588. pt with BP of 180/140 ... you want to lower the Diastolic (which is true) :

a. 110-100 in 12 hrs

b. 110-100 in 1-2 days

c. 90-80 in 12 hrs

d. 90-80 in 1-2 days

589. pt with wt loss , night sweat ,generalized lymphadenopathies , diarrhea , mild splenomegaly .. has a H/O blood transfusion at Kenya most likely Dx :

- a. HIV
- b. Lymphoma
- c. TB

590. unstable angina dx:

- a. least grade II and new onset less than 2 months ago.
- b. usually there is an evidence of myocardial ischemia.
- c. same ttt as stable angina.
- d. discharge when the chest pain subsides.

591. patient post-MI 5 weeks,c/o chest pain,fever,and arthralgia:

- a. dressler's syndrome
- b. meigs syndrome > not sure about the spelling
- c. costochondritis
- d. d-MI
- e. PE

592. patient with chest pain-ray revealed pleural effusion, high protein & high HDL:

- a. TB
- b. CHF
- c. hypothyroidism
- d. hypoprotienemia

593. Treatment of bacteroides fragilis :

- a. clindamycin

594. drug used in systolic dysfunction heart failure:

- a. nifedipine
- b. diltiazem
- c. ACEI
- d. B-blocker

595. Pt with sudden cardiac arrest the ECG showed no electrical activities with oscillation of QRS with different shapes. The underlying process is:

- a. Atrial dysfunction
- b. Ventricular dysfunction
- c. Toxic ingestion
- d. Metabolic cause

596. girl with hypokalemia, weight loss, erosion of tooth enamel:

- a. Bulimia nervosa
- b. Anorexia nervosa

597. Which of the following is the most important prognostic factors in CML:

- a. Stage
- b. age --- true
- c. lymphocytic doubling time
- d. involvement of bone marrow degree

598. 70 y-o pt , come with investigations showed osteolytic lesion in skull, monoclonal spike, *roleahex* formation>>>>

- a. multiple myeloma

599. ulcerative colitis in compare to crohn's disease

- a. fistula --- crohn's disease
- b. risk of cancer ---- ulcerative colitis

600. old age , smoker obese , intermittent diarrhea , bleeding per rectum , positive Stool guaiac test (to detect occult stool)

- a. IDA
- b. colorectal cancer

601. which of the following true about headache :

- a. increase ICP at last of day --- so most probably
- b. normal CT may exclude subarachnoid hemorrhage .--- wrong
- c. amaurosis fugax never come with temporal arteritis --- wrong
- d. neurological sign may exclude migrant--- wrong

602. ABG increase of Pa co₂ with normal PH next step :

- a. -give IV acyclovir
- b. -give IV bicarb
- c. give IV glucose

603. pt with dysphagia , weakness ,fasciculation:

- a. -motor neuron disease
- b. -polyneuropathy

604. TTT of refractory hiccup?

- a. Depend upon the etiology

605. Best TTT of somatization?

- a. Multiple appointment
- b. multiple telephone calling
- c. antideppresant
- d. send him to chronic pain clinic

606. compliance of prophylactic anti-asthmatic drugs important to

- a. reduce :airway inflammation
- b. reduce eosinophil

607. patient blood group A, they gave him blood group B and developed limper pain, dyspnea and hypotension why? Q was about mechanism

608. quick TTT for SVT (supraventricular tachycardia)?

- a. Adenosine

609. 60 years old patient has only HTN best drug to start with:

- a. ACEI
- b. ARB
- c. Diuretics
- d. beta blocker
- e. alpha blocker

Internal Medicine

610. (picture) showing huge mass in the Rt side of the neck with normal skin color .. no other masses in the body and some signs :

- a. Tb
- b. Infectious mononeocrosis
- c. Lymphoma

611. There is interaction between Carvedilol and :

- a. Warfarin
- b. Digoxin
- c. Thiazide

612. Scenario .. 18 months has dental decay in the upper central and lateral incisors .. what's the cause of this caries ?

- a. Tetracycline exposure
- b. The family doesn't brush his teeth (something like this)
- c. Milkbottle --- true mostly

613. Scenario .. child sweats at night .. myalgia . arthralgia .. pericarditis .. what's the dx?

- a. Kawasaki
- b. Still's disease

614. Hypertensive patient with liver cirrhosis , lower limb edema and ascites .. what to use ?

- a. Thiazide --- true mostly ---- better K-sparing diuretic
- b. Hydralazine

615. defecation .. 3-4 times a day Abdominal pain ... mucus diarrhea .. no blood .. relief after

- a. Ibs (irritable bowel syndrome)
- b. Ulcerative colitis

616. Acromegaly .. the cause

- a. Somatomedin == GH

617. Fresh frozen plasma is given in what case ?

- a. Hemophilia a
- b. Hemophilia b
- c. Vonwillbrand
- d. DIC ---- true mostly
- e. Coagulopathy form liver disease

618. obese, HTN cardiac pt with hyperlipidemia, sedentary life style and unhealthy food What are the 3 most correctable risk factor?

- a. HTN, obesity, low HDL
- b. High TAG, unhealthy food, sedentary life --may
- c. High cholesterol, unhealthy food, sedentary life – true mostly
- d. High cholesterol, HTN, obesity

Note: hyperlipidemia = hypercholesterolemia and/or hyperTAG

619. 15 years old with palpitation and fatigue. Investigation showed RT ventricular hypertrophy, RT ventricular overload and right branch block what is the diagnosis :

- a. ASD
- b. VSD
- c. Coartation of aorta

620. he has gastric cancer he went to 6 gastroenterologist did 1 CT 1 barium enema and series of investigation all are normal what is the diagnosis:

- a. Hypochondriasis
- b. Conversion
- c. Somatization

621. Pt on long term steroid what is the main complication

- a. Osteoporosis – true most probable
- b. DVT

622. PTH high ,Ca low ,creatinine high ,vit d nomal DX:

- a. vitamin d deficiency
- b. chronic renal failure

623. old pt. ,she have MI and complicated with ventricular tachycardia , then from that time receive Buspirone. he came with fatigue, normotensive , pulse was 65 what INX must to be done

- a. thyroid function
- b. liver and thyroid

624. chickpeas kidney and lentils contain which element of following

- a. bromide
- b. chromium
- c. iron
- d. selenium

625. a picture of JVP graph to diagnose. patient had low volume pulse, low resting BP, no murmur ,pedal edema.

- a. constrictive pericarditis
- b. tricuspid regurgitation
- c. tricuspid stenosis
- d. pulmonary hypertension

626. 50 years old female have DM well controlled on metformin ! now c/o diplopia RT side eye lis ptosis and loss of adduction of the eyes and up word and out word gaze !! reacting pupil no loss of visual field Something like that !! The options:

- a. Faisal palsy
- b. Oculomotor palsy of the rt side
- c. Myasthenia gravies !!

627. Tinea capitis RX.

- a. start Nystatin
- b. wood's lamp ---- for diagnosis

628. Culture >> H.influnza .. what's treatment ?

- a. ceftriaxone**

629. old pt. with progressive weakness of hand grip , dysphagia:

- a. Myasthenia gravis**

630. Case (pericarditis)

- a. Pain in chest increase with movement..... sudden
- b. Best investigation are ECG**
- c. Best investigation are Cardiac enzyme

631. Case patient complain MI on treatment after 5 day patient have short of breath + crepitation on both lung

- a. pulmonary embolism
- b. pneumonia
- c. MR**
- d. AR

632. Uric acid in body how the body removed by

- a. increase excretion of uric acid in urine**
- b. increase metabolism of uric acid in liver
- c. excretion of uric acid by lung

633. Coarctation of aorta all true except :

- a. Skeletal deformity**
- b. Upper limb hypertension
- c. Systolic murmur on all pericardium

634. old pt with pain after walking no edema

- a. Claudication**

635. old pt with tachycardia pulse 150 otherwise normal

- a. TSH
- b. Stress ECG**

Internal Medicine

636. to differentiate between sinus tachycardia from atrial flutter

- a. Carotid massage
- b. Artery massage

637. empirical treatment of peptic ulcer h. Pylori

- a. Omeprazole
- b. Clarithromycin

638. increase IgG in CSF

- a. Multiple sclerosis
- b. Duchene dystrophy

639. young lady with emphysema

- a. A1 anti-trypsin def

640. most common feature ass with chronic diarrhea :

- a. metabolic alkalosis

641. scenario about hemophilia , what's the defect :

- a. Clotting factor

642. pt. came with café au late spots , what other things you'll look for :

- a. axially freckling

643. Sodium content in normal saline (0.9)

- a. 50
- b. 70
- c. 90
- d. 155 or 154
- e. 200

644. The most important sign the physician should look in primary autonomic insufficiency ?

- a. Orthostatic hypotension
- b. Sinus arrhythmia
- c. Horner syndrome

645. patient work in hot weather come with clammy cold skin, hypotensive tachycardia

- a. heat stroke
- b. heat exhaustion

646. young pt came to ER with dyspnea and productive tinged blood frothy sputum , he is known case of rheumatic heart dz, AF and his cheeks has dusky rash dx :

- a. Mitral stenosis
- b. CHF
- c. Endocarditis

647. young female become flushing face and tremors when she talk to any one what ttt:

- a. Beta blocker

648. case of Raynaud's phenomenon it was direct:

- a. pallor then cyanotic then red finger without other clinical features .

649. PT CAME WITH RAPID BREATHING – ACETONE SMELL GLUCOSE 500 ?

- a. UNCONTROLLED HYPERGLYCEMIAL CASE

650. PT WITH MENINGOCOCCAL MENINGITIS DRUG OF CHOICE IS:

- a. PENICILLINE
- b. DOXACILIN

651. pt has diarrhea and occult blood and colonoscopy is showing friable mucosa , biopsy is showing g crypt abscess....

- a. crohns
- b. UC

652. true about UC:

- a. Increase risk of malignancy

653. old female complain from rash then developed dyspnea and lethargy What is the cause ?

- a. Sub heretic dermatitis (most probable)
- b. Urea deposition

654. mitral stenosis :

- a. LA hyper trophy with decrease plum ..
- b. Left atrial hypertrophy and chamber dilatation (most probable)

655. Pt. presented with severe hypothyroidism & serum sodium = 108. What do u do?

- a. Intubate, give 3% sodium then treat hypothyroidism status
- b. treat hypothyroidism & monitor S.NA level every 6 hours
- c. Give 3% sodium, hydrocortisone & treat hypothyroidism status (most probable)

656. Patient 42 years with 5 days history of skin eruption involving the hand and soles (no other information)dx?

- a. Erythema multiforme
- b. Fixed drug eruption
- c. Pytriasis rosea

657. Patient work outside in hot weather 42C came to ER with muscle pain and cramps of the lower limb ,on examination he is alert ,cooperative ,temp 38, Managment

- a. Oral electrolyte replacement
- b. Internal cold water
- c. Warm intravenous fluid
- d. tepid water

659. PT WITH UTI ALLERGIC TO SULFA AND PENICILLIN ?

- a. NITROFUNTON
- b. CEPHLAXIN (most probable)
- c. SMT

660. long scenarion of MI , the q is, inappropriate management :

- a. IV ca++ channel blocker (most probable)
- b. nitro paste
- c. iv morphine
- d. beta blocker

661. pt has EBV, during abdomen exam, became pale with tender LUQ :

- a. IVF
- b. Urgent CT
- c. rush him to OR

662. patient suspected to have connective tissue disease what is most favorable to SLE :

- a. Cystoid body in fundoscopy
- b. Cavitaion in lung
- c. ve anti RNP+ (most probable)
- d. Sever Ryundoe phenomena

663. patient with rhumatic heart disease and had mitral valve stenosis :

- a. Mitral valve diameter less than 1 mm
- b. Left atrial hypertrophy and decrease pulmonary pressure
- c. Left atrial hypertrophy and chamber dilatation
- d. RV hypertrophy and decrease pulmonary pressure
- e. RV hypertrophy and chamber dilatation

664. Benign tumors of stomach represent almost :

- a. 7 % (most probable)
- b. 50 %
- c. 90 %

665. Patient presented with chest pain for 2 hour With anterolateral lead shows ST elevation, providing no tPCI in the hospital Management

- a. Streptokinase ,nitroglysrin ,ASA,beta blocker**
- b. Nitroglysrin ,ASA ,heparin beta blocker
- c. Nitroglysrin ,ASA,beta blocker
- d. Alteplase , Nitroglysrin , ,heparin betablocker

666. asking about duke criteria for diagnosis of infective endocarditis.

667. DM obese lady , newly discovered type 2 , compliance with diet and exercise , when start medication she felt dizziness ,dry mouth , which drug cause her symptoms:

- a. sulfonylurea**

668. which one of the following anti TB medication is consider as drug induce SLE

- a. ethambutol
- b. INH**
- c. streptomycin
- d. rifampin

669. y/o boy came with abdominal pain and vomiting and leg cramp blood test was done and random glucose = 23 {{ pic. of DKA , what is the most important next step

- a. abdominal ultrasound
- b. ABG**
- c. urine analysis by dipstick
- d. chest x- ray

670. which on of the following is a MINOR criteria for rheumatic fever ?

- a. arthritis
- b. erytherma marginutum
- c. chorea
- d. fever**

671. 65 y/o pt. presented with hepatosplenomegaly and lymphadenopathy ...bone marrow bx confirm dx of CLL,, the pt gave hx of breast cancer 5 yrs ago and was treated with chemotherapy since then ,, the pt is also smoker what is greatest risk for developing CLL??

- a. hx of radiation
- b. smoking
- c. previous cancer
- d. age

672. pt taking lasix having CHF and his electrolytes showed hypokalemia³ , hyponatremia¹²³, hyperglycemia , hypochloremia and high urea and he had muscle cramps and weakness u will give :

- a. NS with 5 KCl In 20cc/hr
- b. NS with 40 KCL in 80cc/hr
- c. 2Ns with 5kcl in 20cc/hr
- d. 2 NS with 40 kcl in 80cc/ hr

673. Case scenario plural effusion , cardiac effusion e low protein, LDH <<<<<< 'I forget THE number <<<what is the cause

- a. Tuberculosis
- b. heart failure

674. old pt. ,she have MI and complicated with ventricular tachycardia then from that time received Buspirone what Investigation must to be done

- a. thyroid function
- b. liver and thyroid

675. a picture of JVP graph to diagnose. Patient had low volume pulse, low resting B/P.no murmur. pedal edema.

- a. constrictive pericarditis
- b. tricuspid regurge
- c. tricuspid stenosis
- d. pulmonary hypertension

Internal Medicine

676. 46 y/o male came to ER with abdominal pain but not that sever. He is hyperlipidemia ,smoking ,HTN , not follow his medication very well , vitally stable ,, o/E tall obese pt. . mid line abdomen tenderness , DX

- a. Marfan's syndrome
- b. aortic aneurism

678. Elderly pat with dementia and change in his behavior (many things including agitations) which lobe in brain affected :

- a. Frontal
- b. Occipital
- c. Temporal
- d. Partial
- e. Cerebellar

679. Old age female , with history of excision of breast tumor with radiation therapy , now the blood film and bone marrow biopsy prove CML , what's the most risk factor responsible for her condition?

- a. age
- b. previous cancer
- c. radiation

680. 20 year old male k/o tachypnea cough and fever previously normal , normal lung function test ,x-ray show infiltration of lower lobe , what u will give him ?

- a. Cefuroxime
- b. Amoxicillin
- c. Ciprofloxacin

681. patient came with retrosternal chest pain , increase with laying down & sleeping , ECG and cardiac enzyme were within normal level

- a. give PPI

682. a pt presented with DKA & hypokalemia & hypotension, best initial treatment :

- a. 2 liters NS with insulin infusion at rate of 0.1/kg
- b. 2 liters NS with KCl 20 meq**
- c. dextrose with insulin
- d. give NaHCO₃

683. Pt with high total cholesterol 265mg/dl, LDL 150, triglyceride 325 , HDL 100 most single risk factor???

- a. low LDL
- b. High LD
- c. High HDL
- d. low HDL**
- e. high total cholesterol

684. old pat with tachycardia pulse 150 otherwise normal

- a. TSH
- b. Stress ECG**

685. lower limb edema, congested neck vein signs of:

- a. Right heart failure**

686. Young female complaining of severe diarrhea, weight loss, vomiting, abdominal pain, has been diagnosed to have crohn's diseased, what is etiology mechanism of crohn's disease?

- a. Female more affected
- b. Something granulomatous**
- c. Diabetic
- d. Unknown

687. case scenario ... pt came with anterior MI + premature ventricular ectopy that indicate pulmonary edema, give digoxin + dirutics + after-load reducer, what add?

- a. Amiodarone ?**
- b. propranolol

688. case scenario to increase CO, by left atrium pressure which :

- a. Lt ventricular hypertrophy & chamber constriction.
- b. Rt ventricular hypertrophy & chamber dilatation.
- c. Rt ventricular hypertrophy & chamber dilatation.
- d. Rt ventricular hypertrophy & chamber constriction

689. case scenario ... hepatomegaly, Kayser–Fleischer rings ... what ttt :

- a. **Penicillamine**

690. Pt undergone sunburn causing erythema and burning pain on wide areas of his body he is hypertensive and on hydro thiazide despite your management you will:

- a. Stop hydrochlorothiazide and follow the blood pressure.
- b. Sorry I forget the remaining cause I select (a).

691. Pt walking for relatively long time on ice when she was in vacation(somewhere in cold area) her feet is pale with marked decrease in pain sensation but the pulse is palpable over dorsalis pedis what is the appropriate thing to do:

- a. immediate heat with warm air
- b. put her feet in warm water.
- c. I forget the rest but it is not appropriate

692. pt is hypersensitive having all allergic symptoms like sneezing ,flu congestion and sensitive to sunlight , cause is hypersensitive to :

- a. **stress and sunlight**
- b. pollen and dust
- c. cold
- d. infection

693. which of the following take with analgesic to decrease side effect ?

- a. **cimetidine**
- b. pseudoephedrine

694. pt with chronic lung disease, with new pleural effusion, what is the cause of PE

695. Drug use in CHF with systolic dysfunction?

- a. Nifedipine
- b. diltiazem
- c. drugs from ACEI I forget the name
- d. B blocker

696. Young male c/o pleurisy pain at rt side On EX there is only decrease breath sound, tachypnea otherwise normal and there is CXR I don't know if it is normal or not But it seems to me normal what will you do?

- a. discharge pt. bcz it is only viral pleurisy
- b. discharge him on Augmentin
- c. I think refer him to pulmonologist

697. child I forget how old is he but I am sure he is less than 2yrs he came with peripheral blood film shows crescent shape cells. What is the ongoing management ??

It is sickle cell anemia. Pick whatever options suits it.

698. pt received varicella vaccine after 30 min he developed itching . . ttt is:

- a. Subcutaneous epinephrine**

699. If there is relation between anatomy and disease pneumonia will occur in:

- a. RT upper lobe
- b. Rt middle lobe
- c. Rt lower lobe
- d. Lt upper lobe
- e. Lt lower lobe

700. effect of niacin is :

- a. decrease uric acid .
- b. hypoglycemia
- c. increase LDL
- d. **increase HDL**
- e. increase triglyceride

701. Romberg sign lesion in :

- a. **dorsal column**
- b. cerebellum
- c. visual cortex

702. target lesion are found in erythema:

- a. **multiforme**
- b. annular.
- c. nodosum
- d. marginatum

703. pt with hypothyroidism and on ttt presents with sweating, inv : TSH normal , T₄ normal, ca low , pho high the cause is :

- a. uncontrolled hypothyroidism
- b. primary hypoparathyroidism
- c. secondary hypoparathyroidism

704. pt with rheumatic valvular disease, mitral orifice is 1cm what is the action to compensate that?

- a. **Dilatation in the atrium with chamber hypertrophy**
- b. Dilatation in the ventricle with chamber hypertrophy
- c. atrium dilatation with decrease pressure of contraction
- d. ventricle dilatation with decrease pressure of contraction

705. scenario about patient with hepatitis B and he asked about the antigen window that appear in this time?

- a. HBS ag
- b. Hbc ag
- c. anti HBe
- d. **anti Hbc ab**

706. Patient with rheumatic heart disease and he developed mitral stenosis, what most likely will happen to the heart:

- a. Rt ventricular hypertrophy and decrease pulmonary pressure
- b. Lt atrium hypertrophy and dilatation
- c. Rt ventricle hypertrophy with constricted chamber
- d. Lt atrium hypertrophy with constricted chamber

707. Patient with severe hypothyroidism and hyponatremia (108=Na), high TSH and not respond to painful stimuli, how would you treat him :

- a. Oral intubation , Thyroid replacement , Steroid and 3% Na
- b. Same above but Without steroid
- c. Thyroid and fluid replacements only
- d. Thyroid and fluid and 3% Na

Obstetrics and Gynecology

1. Female with Hx of PID and treated with ABs she came later with fever and pain, on examination there was a mass, fluctuant (they mean abscess) in a cul-de sac !! What is ur next step?

- a. colpotomy**
- b. laparotomy
- c. laparoscopy
- d. Pelvic US

2. 18 weeks pregnant woman her blood pressure was 160/..(high) a week after her BP was 150/..(high also)

what is the Dx:

- a. Gestation HTN
- b. Chronic HTN <20 weeks**
- c. Preeclampsia

3. 45 years old female GoPo not know to have any medical illness presented to ER with sever vaginal bleeding on examination there was blood in the vaginal os her Pulse was 90 and BP 110 / 80 and on standing her P: 100 , BP :122/90 (close readings) How to manage :

- a. 2 units of blood
- b. Ultrasound

Out of those two I'd choose US, however, other options may be more suitable

4. There is outbreak of diphtheria and tetanus in community, regarding to pregnant woman:

- a. contraindication to give DT vaccine
- b. if exposed , terminate pregnancy immediately
- c. if exposed , terminate after 72 hour
- d. give DT vaccine anyway (are safe during pregnancy) .**

Obstetrics and Gynecology

5. Female presented with vaginal discharge, itching, and on microscope showed mycaceous cells and spores. This medical condition is most likely to be associated with:

- a. TB
- b. Diabetes
- c. Rheumatoid Arthritis

6. Primigravida in her 8th week of gestation, presented to your clinic wanting to do genetic screening, she declined invasive procedure. the best in this situation is

- a. Amniocentesis
- b. 1st trimester screening
- c. 2nd trimester screening
- d. Ultrasound

7. mother gave birth of baby with cleft lip and palate, she want to get pregnant again what is the percentage of recurrence

- a. 1%
- b. 4%
- c. 15%

8. CA125 is a tumor marker mostly used for:

- a. Ovarian Cancer

9. Fishy vaginal discharge occurs in :

- a. bacterial vaginosis

10. Rubella infection during pregnancy what will do

- a. no treatment
- b. vaccination
- c. immunoglobulin

Pregnant lady exposed to rubella → perform hemagglutination test.

If she is immune → reassure her.

If she is not immune → therapeutic abortion or Immunoglobulin's.

(N.B if exposure occurs in the 1st trimester = 50-80% chances, 2nd trimester 10-20%, and in the 3rd trimester infection is unlikely)

11. Pregnant women has fibroid with of the following is true:

- a. Presented with severe anemia
- b. Likely to regress after Pregnancy**
- c. Surgery immediately
- d. Presented with Antepartum Hemorrhage

12. Pregnant lady 18 wks, her TFT showed: high TBG, high level of activated T₄, normal T₄ and TSH . What is the most common cause of this results in:

- a. Pregnancy.**
- b. Compensated euthyroidism.
- c. Subacute thyroiditis.

In pregnancy the women may have a condition called (subclinical hyperthyroidism), in which high levels of β -hCG and Estrogen increase the levels of thyroid hormone (bound) & TBG which in turn leads to a slight decrease in TSH levels.

13. Lady with 2 day hx of fever, lower abd and suprapubic tenderness , vaginal discharge & tenderness Dx:

- a. acute salpingitis**
- b. chronic salpingitis
- c. acute appendicitis

14. Last trimester pregnant lady develop sudden left leg swelling, extends from left inguinal down to whole left leg, ttt:

- a. venogame, bedrest, heparin.
- b. duplex, bed rest ,heparin**
- c. pleosonography,bed rest, cavalfelter
- d. duplex , bed rest , warfarine

It is most likely according to the choices presented. The mainstay of diagnosing DVT is duplex and the first-line drug is LMWH.

15. Mastalgia is treated by:

- a. OCP**

16. Best place to find gonococci in females:

- a. urethra
- b. rectum
- c. cervix
- d. posterior fornix of vagina
- e. pharynx

17. Treatment for menopausal women, complains of bleeding, not associated with intercourse:

- a. estrogen
- b. progesterone

Treatment is according to the cause, however, atrophic vaginitis, which is the most common cause, is treated by topical or systemic estrogens.

18. Old lady, outcome baby with Clinical feature of down, single palmer creases, epicanthic fold, wide palpebral fissure

- a. trisomy 21

19. ectopic pregnancy in fallopian tube, what you will do :

- a. wait and observe
- b. laborotomy
- c. laparoscopy

According to the case:

IF: stable patient, declining BhCG, and < 4 cm GS = Expectant

IF : stable patient, BhCG < 5000 , and < 4 cm GS = MTX

IF : unstable patient, > 4 cm GS, pending rupture = Surgery

20. Most common vaginal bleeding :

- a. cervical polyps
- b. menstruation

21. Pregnant in 35 week with mild preeclampsia, presented with BP 150/95 and edema in lower and upper limbs, how to manage?

- a. diuretics
- b. immediate delivery
- c. maternal and fetal evaluation and hospitalization

22. A very long scenario about a female patient with vaginal discharge “malodorous watery in character” with pH of 6 & +ve clue cells but there is no branching pseudohyphae. (He is telling you the diagnosis is vaginosis & there is no fungal infection) Then he asks about which of the following drug regimens should NOT be used in this patient:

- a. Metronidazole (PO 500 gm for 7 days)
- b. Metronidazole (PO 2 large dose tablets for 1 or 2 days)
- c. Metronidazole (IV or IM..)
- d. Miconazole (PO..)
- e. Clindamycin (PO..)

23. 18 Y/o girl NOT sexually active came with vaginal bleeding, the doctors can't exam her due to the pain, what is the NEXT step

- a. Reassure her that it is normal in her age, and follow after three months if bleeding doesn't stop.
- b. Urine pregnancy test
- c. ultrasound
- d. refer to OB/Gyne

24. healthy female came to your office complain of lesion in her vagina that started since just 24 h. O/E there is cystic mass lesion non tender measure 3 cm on her labia, what is the most likely Dx :

- a. Bartholin's cyst
- b. Vaginal adenosis
- c. Sebaceous cyst
- d. hygroma

Obstetrics and Gynecology

25. What is the most ACCURATE diagnosis for Ectopic pregnancy?

- a. serial B-HCG
- b. ultrasound**
- c. laparoscopy
- d. progesterone

A decision model comparing diagnostic strategies showed that TVUS followed by serial β -hCGs was the most accurate and efficient model.

26. 38 week pregnant lady came to ER in labor, cervix 4.5 cm dilated, marginal placenta previa. Management:

- a. Wait and evaluate fetus
- b. SVD
- c. C/S**
- d. Forceps
- e. Rupture membrane

SOCC guidelines recommend that the cut-off point between SVD and C/S is at a placental distance of 20 mm away from the os, if less than that (marginal, partial, or complete placenta previa) C/S is encouraged provided that fetal lung maturity is assured (37 weeks).

27. Old female, fear from disc compression and fracture:

- a. vitamin d, calcium --- mostly true**
- b. wt. reduction
- c. progesterone

28. female complaining of suprapubic abdominal pain, fever, vaginal discharge, foul smelling, for one week, she was negative for gonorrhea, chlamydia, what is the possible causative organism?

- a. Bacterial vaginosis**

29. OCP increase risk of which of the following??

- a. Ovarian cancer
- b. Breast cancer
- c. Endometrial cancer
- d. Thromboembolism**

30. Pregnant lady with hyperthyroidism what you will give her:

- a. propylthiouracil**
- b. methamazole
- c. B blocker
- d. Radioactive iodine

31. Women with mild pre-eclampsia:

- a. Monitoring**
- b. Labetalol
- c. Diuretic

32. Most effective antibiotic to treat gonorrhea is:

- a. Ceftriaxone**
- b. Penicillin G.
- c. Pipracilline.
- d. Gentamycin.
- e. Vancomycin

33. BREAST, tenderness, fluctuant, and axillary l node enlarged

- a. ABSCESS**

34. Women with IDDM advised to make schedule for glucose level FBG: 283 after lunch: 95 3pm: 184

- a. Increase short acting insulin dose
- b. Decrease short acting insulin dose
- c. Increase long acting insulin dose**
- d. Decrease long acting insulin dose

35. Which one of the following is true regarding the weight gain in pregnancy?

- a. Pregnant woman should consume an average calorie 300-500 per day
- b. Regardless her BMI or body weight she should gain from 1.5 – 3 lb which represent the baby's growth.
- c. There is Wt gain of 40 pounds
- d. Wt gain is mostly due to fetus

Weight gain in pregnancy depends on the pre-pregnancy weight if the mother is underweight the weight gain is more (13 - 18 kg), while if the mother is obese > 30 BMI it is less (5 - 9 kg). Weight gain is mainly from the maternal side (fat stores, uterus, breast, placenta, ... etc.). While the fetus contributes to only 3 kg approx. Weight gain in the 2nd & 3rd trimesters (300 Cal) is more than the 1st trimester (150-200 Cal).

36. 28 years old diabetic female who is married and wants to become pregnant. Her blood glucose is well controlled and she is asking about when she must control her metabolic state to decrease risk of having congenital anomalies:

- a. Before conception.
- b. 1st trimester.
- c. 2nd trimester.
- d. 3rd trimester.

37. A drug that is useful for patients with idiopathic anovulation:

- a. clomiphene citrate.

38. Which one of the following OCP cause hyperkalemia:

- a. Drospirenone (Yasmine)

39. 40 year female has atypical squamous cells of undetermined significance on pap smear, past hx revealed 3 -ve smears, last one was 7 years ago she also gave a history of vaginal wart, next step is:

- a. Colposcopy
- b. Hysterectomy
- c. Follow up after 1 year
- d. Excision

40. A female with dysurea invx showed presence of epithelial cells

- a. chlamydia urthritis
- b. cervicitis

41. Female child came with short stature, loss of breast pad, short neck, what is the diagnosis:

- a. Turner syndrome

42. What is true about clomiphene citrate?

- a. induces ovulation

43. Lady wants to become pregnant and wants to take varicella vaccine, what you will tell her

- a. varicella vaccine will not protect pregnant lady
- b. she should wait 1 - 3 months before coming pregnant
- c. it is a live attenuated bacterial

44. F pt G..P .. for evaluation of infertility she had 3 previous termination by D&C, OE she was normal dx??

- a. asherman syndrome
- b. shehan syndrome
- c. kalman syndrom
- d. polycystic ovarian syndrome

Obstetrics and Gynecology

45. Pregnant with uterine fibroid has no symptoms only abdominal pain, US showed live fetus. What is the appropriate action to do:

- a. Myomectomy
- b. Hysterectomy
- c. Pain management
- d. Pregnancy termination

46. MCC of post partum hemorrhage:

- a. uterus atony

47. Primigravida with whitish discharge the microscopic finding showed pseudohyphae the treatment is

- a. Meconazole cream applied locally

48. 40year old female (G2 P2) with hx of heavy bleeding and bleeding between periods with no hx of taking any contraceptive method ... she didn't have hx of intercourse for more than one year...because her husband in travel ...I don't remember about the examination but I think it was normal) Your diagnosis:

- a. anovulatory cycle
- b. endometrial cancer

49. Q about alcohol in pregnancy..what is true?

- a. Placenta is a barrier for alcohol
- b. Alcohol is not associated with miscarriage
- c. Alcohol fetal syndrome is associated with mental retardation, hyperexcitability, and facial malformation

50. pt with PPH ...try massage, oxytocine, ergometrine but still bleeding .. what you do next

- a. hysterectomy
- b. ligate internal iliac artery

51. pt obese, hirsutism, insulin resistant, skin hyperpigmentation, US showed small multiple polycystic ovary;

- a. Klinefelter syndrome
- b. Kallman syndrome
- c. Stein-Leventhal syndrome
- d. PCOS**

52. True about OCPs:

- a. May contain up to 0.5 ethinyl estradiol
- b. Change viscosity of cervix discharge**
- c. Can delay menopause

53. Pregnant for 12 weeks, Ex. uterus as large as 16 weeks, High BHCG, US showed small fetus less than his age. Diagnosis

- a. placental site trophoblastic disease
- b. choriocarcinoma ?**
- c. Complete hydatid cyst

If only these are the choices, then b is the correct answer because (a) is associated with low BHCG and in (c) there is no fetus.

54. A Major hazard in post menopause is :

- a. osteoporosis**
- b. hot flush
- c. depression
- d. pelvic floor weakness

55. 48 YR old pt having hysterectomy, after which she complains of unwanted urine leakage and incomplete emptying of the bladder ,, there is urination with coughs, sneezes, laughs, or moves in any way that puts pressure on the bladder,,, treatment is

- a. Kegel exercise**
- b. Surgery
- c. Reassurance

Kegel exercise to strengthen pelvic floor muscles

Obstetrics and Gynecology

56. Post partum women complaint of passage of flatus and stool through the vagina, diagnosis is

- a. perineal tear
- b. rectovaginal fistula**
- c. vaginal cancer

57. HIV PT having negative Pap smear, follow up

- a. first 3months then 6months ?**
- b. annually
- c. every 3months
- c. every month

HIV patients screened by pap smear at time of diagnosis then 6 months later then annually.

58. pt with preeclampsia what is true

- a. DM is risk factor**
- b. present with headache and seizure
- c. mostly and rapidly become eclampsia
- d. come with multigravida rather than primigravida.

59. Female pt with Chlamydia, HSV type 2 and she underwent cervical cerclage She diagnosed as cervical dysplasia, the most likely cause of cervical dysplasia is:

- a. Human papilloma virus**
- b. HSV 2
- c. Chlamydia
- d. cervical cerclage

60. female pt, pregnant in 38 wk, come with bleeding and abdominal pain , what is the Dx ?

- a. placenta abruption**
- b. placenta previa
- c. fibroid
- d. I forgot

61. Old female with itching of vulva, by examination there is pale and thin vagina, no discharge. What is management?

a. Estrogen cream

62. Most common cause of bleeding in postmenopausal women is

a. cervical polyps

b. uterine atony

c. atrophic vaginitis

63. Female pt came to you post ovarian cancer surgery one month ago, you did X-Ray for her and you found metallic piece, what you will do?

a. Call the surgeon and ask him what to do

b. Tell her and refer her to surgery

c. Call attorney and ask about legal action --- true

d. Tell her that is one of possible complications of operation

e. Don't tell her what you found

64. Pregnant never did check up before, her baby born with hepatosplenomegaly and jaundice:

a. Rubella

b. CMV

c. HSV

d. Toxoplasmosis

65. New married female has vaginal discharge colorless no odor no painful what is this discharge??

a. Normal after intercourse

66. Before instrumental delivery, Rule out:

a. Cephalopelvic disproportion

b. cord prolapse

c. Breach presentation

Obstetrics and Gynecology

67. diabetic women with Hx of fetal full term fetal demise in last pregnancy, what is your recommendation for current gestation ?
a-induction at 36w

a. C/S in 38 week

Delivery at 38 wks (either induced or C/S) because GDM is not an indication for delivery before 38 weeks' gestation in the absence of evidence of fetal compromise.

(http://care.diabetesjournals.org/content/30/Supplement_2/S175.full)

68. A women G1 P1 came to your clinic complaining of amenorrhea she is breast feeding for her last child 4 month old urine pregnancy test is negative...what is next step?

a. Prolactin level

b. TSH level

c. CT scan

69. post C/S pt .. forth day ..started to develop dyspnea ..your action is :

a. Supportive therapy

b. IV heparin.. arrange for urgent ventilation perfusion scan

70. Pregnancy 36 w her blood pressure 140/90, no lower limb edema first thing:

a. Repeat measure of blood pressure – most likely

b. CS

c. give anti hypertension medication

71. Which drug contraindication in pregnant women in uti:

a. Fluoroquinolones

72. old aged female with atypical squamous cells of undetermined significance (ASCUS) on pap smear started 30 day ttt with estrogen and told her to come back after 1 weak and still positive again on pap smear, what's next:

- a. vaginal biopsy
- b. endometrial biopsy
- c. syphilis serology

+ve ASCUS = test for HPV & do colposcopy & biopsy If HPV is +ve

73. young female with left sided abdominal pain. no dysuria or change in bowel habit. History of hysterectomy 4yrs back but ovaries and tubes were preserved. On examination abdomen tender but no guarding. investigation show leukocytosis and few pus cells in urine. There was also history of unprotected coitus with multiple partners. (i did not get the scenario well but i think it was salpingitis). Management :

- a. consult surgeon
- b. oral antibiotics
- c. diagnose as ulcerative colitis

74. Pregnant lady 38 wks GA with placenta previa marginal with mild bleeding , the cervix is dilated cervix 2 cm How to manage ;

- a. CS
- b. sponteious delivery
- c. forceps delivery
- d. do amniotomy

75. The treatment of trichomonas vaginalis:

- a. mteronidazole
- b. deoxycycline
- c. Ciprofloxacin
- d. Amoxacillin

Obstetrics and Gynecology

76. Couple after marriage came after 6 months complaining of failure to conceive, what u'll do:

- a. continue to try**
- b. prolactin level
- c. TSH

77. 42 years old pt. came with DUB what will you do:

- a. OCP**
- b. D & C
- c. hysterectomy

78. pt came with hx of 3 weeks amenorrhea , with abdominal pain , laparoscopy done and found to have blood in the pouch of douglas :

- a. Rupture of ectopic pregnancy**

79. Female with dysurea, urgency and small amount of urine passed .. she received several courses of AB over the last months but no improvement .. all investigations done urine analysis and culture with CBC are normal .. you should consider:

- a. interstitial cystitis**
- b. DM
- c. Cervical erosion
- d. Candida albicans

80. Chlamydia in non-pregnant women, treatment:

- a. doxycycline**

81. Methyl-ergotamine is contraindicated in:

- a. Maternal HTN**

82. Female with dysurea and cervical motion tenderness:

- a. Cervicitis
- b. pelvic inflammatory disease (PID)**
- c. Cystitis
- d. Pyelonephritis

83. best indicator for labor progress is :

- a. frequency of contractions
- b. strength of contractions
- c. descent of the presenting part

answer : dilation & descent

84. Before vaginal delivery, obstetrician should rule out:

- a. cord prolapsed
- b. cephalopelvic disproportion

85. Pt G3 P3 all her deliveries were normal except after the second one she did D&C, All of the examination normal even the uterus, labs all normal except : high FSH, high LH, low estrogen DX :

- a. Asherman syndrome
- b. Ovarian failure
- c. Turner syndrome

86. female with inflammatory acne not responding to doxycycline and topical vit A . want to use oral vit A what you should tell her

- a. It cause birth defect
- b. ??

High doses can cause birth defects and liver toxicity.

87. pt. with PID there is lower abd. tenderness.. on pelvic exam there is small mass in uterosacral ligament (this is endometriosis) Rx :

- a. colpotomy
- b. laprotomy
- c. laproscopy

Obstetrics and Gynecology

88. infertile pt. with 3 previous d/c .. otherwise healthy .. Dx

- a. PCOS
- b. Sheehan syndrome
- c. Turner syndrome
- d. syndrome
- e. Ashermann syndrome**

89. Action of OCP :

- a. inhibition of estrogen then ovulation
- b. inhibition of prolactin then ovulation
- c. inhibition of mid cycle gonadotropin then ovulation**

90. Female patient did urine analysis shows epithelial cells in urine, it comes from:

- a. Vulva
- b. Cervix
- c. Urethra**
- d. Ureter

91. A 34 year old lady presented with pelvic pain and menorrhagia. There is history of infertility. On examinations the uterus was of normal size & retroverted. She had multiple small tender nodules palpable in the uterosacral ligament. The most likely diagnosis is:

- a. endomytritis
- b. Endometriosis**
- c. Adenomyosis
- d. PID

92. What is the drug that comparable to laparoscopy in ectopic pregnancy?

- a. Methotrexate**

93. Which of the following contraceptive method is contraindicated in lactation:

- a. OCP**
- b. Progesterone only
- c. IUCD

94. Pregnant lady 16 wks presented with vaginal bleeding ,enlarged abdomen, vomiting ,her uterus is smaller than expected for the gestational snow storm appearance on US:

- a. Complete hydatiform mole**
- b. Partial hydatiform mole
- c. Endometriosis
- d. Fibroids

95. The drug that is used in seizures of eclamptic origin

- a. Mg sulphate**
- b. Diazepam
- c. Phenytoin
- d. Phenobarbital

96. Asymptomatic woman with trichomonas :

- a. Treat if symptomatic
- b. Treat if she is pregnant
- c. Treat her anyway**
- d. Tell her to come in one month if she developed symptoms
- e. Follow up

97. Diagnosis is pregnant with hepatitis .. best blood test to confirm :

- a. alkaline phosphatase
- b. wbc
- c. STOG**
- d. ESR

Obstetrics and Gynecology

98. Pt in her 4th day after C section, we found her profoundly hypotensive, what is your initial action?

- a. Give 0.9 NS with NACL*****
- b. Albumin
- c. Do septic workup and start antibiotics.

Hypotension occurring after c/s is a complication of spinal anesthesia and it is managed by crystalloids +/- vasopressors (e.g. ephedrine)

99. dysuria + yellowish greenish discharge..

- a. Trichomoniasis**
- b. candida
- c. other

100. breech presentation came at 34 wks , what u'll do :

- a. wait until 36**
- b. do ECV

ECV at 36 or 37 weeks

101. pt have cheesy vaginal material ?

- a. Candida**
- b. trachoma
- c. vaginosis

102. When to say head was engaged, all of the following except?

- a. 2/5 fetus felt in the abdomen
- b. Head reach the ischeal spine
- c. Biparital diameter pass the pelvic inlet
- d. Crowing is present**

When the head has passed through the pelvic inlet = 2/5 per abdomen = zero station.

103. Rx. Of scabies in pregnant women:

- a. permethrin 5% dermal cream**

104. Young lady everything within normal regarding her menses but there is 7cm mass in ovary, what is it:

a. follicular ??

105. Contraindication of breastfeeding:

Note:

- Maternal HIV
- Infant Galactosemia
- Maternal Drugs
 - Drugs of abuse
 - Chemotherapy/radiation

106. Postpartum lady with post partum psychosis, which of the following is an important part in her management:

a. Family support

107. Female with positive urine pregnancy test at home what next to do:

a. Serum beta hCG

108. The commonest presentation in abruptio placenta is:

a. Painful vaginal bleeding

109. 60 y old female with irregular menses 3m back & 1-next to do:

- a. US**
- b. Human chorionic gonadotropin
- c. Placental „„„„„„„„„„„ „„„„„
- d. FSH
- e. LH

110. True regarding trichomoniasis :

a. Green-yellowish, frothy discharge

Obstetrics and Gynecology

111. What is the term used to describe the increase of the frequency of the menstrual cycle:

- a. Ammenorrhea
- b. Dysmenorrhea
- c. Menorratogia
- d. Hypetmenorrhea
- e. Polymenorrhea**

112. Most Dangerous sign during pregnancy?

- a. Vaginal bleeding**

113. Twins one male and other female. His father notice that femle become puberty before male so what you say to father

- a. Females enter puberty 1-2 year before males
- b. Females enter puberty 2-3 year before males**
- c. Females enter puberty at the same age males

114. pt with 18 years amenorrhea, high FSH, divorced:

- a. pregnancy
- b. premature ovarian failure**
- c. hypothalamic amenorrhea
- d. pituitary microadenoma

115. Primigravida with whitish discharge the microscopic finding showed pseudohyphae the treatment is:

- a. Meconazole cream applied locally**
- b. Tetracycline
- c. Metronidazole
- d. Cephtriaxone

116. Pap smear:

- a. One collection from os of cervix ?**
- b. 3 collection from the endocervical canal
- c. One collection from vagina

360 degree swab from the squamo-columnar junction

117. Case of painless late trimester vaginal bleeding

a. placenta previa

118. Young lady with oligomenorrhea, acne, increase hair (hirsutism), 60 kg her weight diagnosis:

a. Hypothyroidism

b. Polycystic ovary disease

119. which of the following cause hirsutism

a. anorexia

b. hypothyroidism

c. clomiphin citrate

d. OCP (containing progesterone)

120. What is true about puerperium:

a. lochia stays red for 4 weeks (wrong. 5 days)

b. epidural analgesia cause urinary retention

c. abdominal uterus is not felt after one week (within 2 wks.)

121. Young lady just joined new job after getting her last pregnancy a couple of months previously, in this new job she don't have to get pregnant for 3 years as rule, she came to you telling that I don't want to pregnant, I don't want to use OCP, or IUD, you recommended for her transdermal device, what you should tell her more about this?

a. it is more likely to form more clots around the area

(applications site reaction not clots)

b. it can be forgettable by time

(it requires changing every 7 days so compliance may be an issue)

c. its safe to use for long time

(as with any hormonal contraceptive it increases the risk of VTE)

Obstetrics and Gynecology

122. postpartum one,, came to clinic and telling that during pregnancy she was taking iron supplement, and now she is complain of fatigue, dizziness,, weakness after mild effort,, lab investigation Hb=7,8 MCV=60,,Dx?

- a. iron deficiency anemia
- b. thalassemia

123. Pregnant women in labor, suffer from severe pain, dilated cervix, all the manifestation within normal, the type of analgesia?

- a. epidural
- b. spinal
- c. general

124. case scenario ... old pt female came with osteoporotic thoracic #, T & Z score of spine & what is classification depend on WHO :

- a. osteoporosis.
- b. osteopenia.
- c. severe osteopenia.
- d. established osteoporosis.

T-score between +1.0 and -1.0 normal

T-score between -1.0 and -2.5 osteopenia

T-score less than -2.5 osteoporosis

125. case scenario ... pt in labor, baby in late deceleration, what u will do in this case :

- a. change position & give O₂.
- b. give Mg sulfate

Unlike early deceleration, late deceleration is considered more dangerous as it indicates fetal hypoxia. Management includes: placing the mom on her left side, discontinuing oxytocin, giving oxygen, proper hydration, and assessing fetal scalp pH.

126. Case scenario ... pregnant, exposed to trauma, gush of blood from the vagina ... what is the Dx:

- a. Abrupto placenta.**
- b. placenta brevia.
- c. uterine contusion.

127. Cause of bleeding after D&C is

- a. asherman syndrome
- b. missed disease
- c. Perforated uterus**
- d. infection

128. Pregnant lady , 34 wk GA , presented with vaginal bleeding more than her menstruation. On examination, cervix is dilated 3 cm with bulging of the membrane, fetal heart rate = 170 bpm . The fetus lies transverse with back facing down . us done and shows that placenta is attached to posterior fundus and sonotranulence behind placenta (*placenta abruptio*). Your management is :

- a. C/S**
- b. Oxytocin
- c. Tocolytics
- d. Amniotomy

129. Female with greenish vaginal discharge, red strawberry cervix. under the microscope it was a protozoa..Dx:

- a. Trchimoniosis**

130. Perinatal mortality mean:

- a. number of still birth <20 week gestational age.
- b. number of stillbirth + first week neonate.**
- c. number of deaths /1000.

131. A female patient, with herpes in vagina , what is true :

- a. pap smear every 3 year
- b. CS delivery if infection in 2 weeks before delivery**

132. White bleeding per vagina with itching ttt

a. nystatin

133. Chromosome in polycystic ovary

PCOS is a complex, heterogeneous disorder of uncertain etiology. There is strong evidence that it is a genetic disease and the genetic component appears to be inherited in an *autosomal dominant* fashion.

134. Pathology in HSP:

a. Arterioles, venules, and capillaries

135. What is non-hormonal drug use to decrease hot flush in postmenopausal women:

a. Paroxetine

Drugs other than HRT that could be used to treat hot flushes include:

1) TCA (paroxetine, fluoxetine) ... 2) Gabapentin ... 3) Clonidine

136. Female her height is 10th percentile of population, what u will tell her about when spinal length completed, after menarche?

a. 6m

b. 12 m

c. 24 m

d. 36 m

137. Female with irregular cycle month and absent for two month with heavy bleeding:

a. Menorrhagia

b. Metrorrhagia

c. Menometrorrhagia

d. polymenorrhagia

Menorrhagia = heavy regular cycles

Metrorrhagia = irregular cycles

Menometrorrhagia = heavy & irregular cycles

138. Female middle age with multiple sclerosis, complaining of urinary incontinence and he mention in the question that in some time she did not feel it:

- a. Reflex incontinence
- b. stress incontinence
- c. overflow incontinence
- d. urge incontinence

139. 19yrs old female having an infant 4 mon. old and does not want to become pregnant soon, she is breast-feeding him and pregnancy test b-hcg was negative?

- a. Reassure and ask for her contraceptive counseling

140. pt with hirsutism , obese , x-ray showed ovary cyst best ttt:

A case of PCOD, thus treatment is by OCP & Clomiphene Citrate

141. Scenario about ectopic pregnancy B-HCG is 5000 and hemodynamically is stable ttt is:

- a. Observation
- b. Medical.
- c. Laparoscopy
- d. Laparotomy.

142. Most accurate to determine gestational age:

- a. US
- b. LMP

143. Dysfunctional uterine bleeding:

- a. Most common in postmenopausal women

DUB is most common at the extreme ages of a woman's reproductive years. Most cases of dysfunctional uterine bleeding in adolescent girls occur during the first 2 years after the onset of menstruation. Abnormal uterine bleeding affects up to 50% of perimenopausal women.

Obstetrics and Gynecology

144. The cause of high mortality in pregnant female:

- a. Syphilis
- b. Toxoplasmosis
- c. Pheochromocytoma

As stated by the WHO the major causes of maternal deaths are: hemorrhage (25%), infections (13%), unsafe abortions (13%), eclampsia (12%), obstructed labour (8%), other direct causes (8%), and indirect causes (20%).

145. Patient came to you and you suspect pre eclampsia, which of the following will make it most likely:

- a. Elevated blood pressure
- b. Decrease fetal movement

146. When should women start lactation after delivery?

- a. As soon as possible

147. Uterus is larger than suspected, B-hcg is very high , the doctor diagnosed her as having tumor which is chemo sensitive , what is the diagnosis :

- a. Ovarian cancer
- b. Endometrial cancer
- c. Gestational trophoblastic (Choriocarcinoma)

148. Pregnant lady which is hypertensive regarding methyldopa what will u tell her

- a. Methyl dopa better then lisinopril
- (I couldn't remember the other chooses)

It is an alpha agonist. It is the drug of choice in gestational HTN. Other drugs used are: hydralazine, and labetalol.

149. 44 lady has previous history of DVT her husband doesn't want to use condom what well u advice her:

- a. OCP doesn't increase the risk.
- b. IUD is preferred in this case**
- c. she is unlikely to become pregnant.

IUD is preferred because OCP will increase the risk of thromboembolism.

150. A woman G1Po, 13-week pregnant came to you with a blood pressure of 145/100, she hasn't visited her doctor for years and doesn't know if she has previous Hx. Of HTN, the next visit her BP is 142/98, no protein urea, She exercises regularly 3 to 4 times per week. What's most likely?

- a. Pre-eclampsia
- b. Chronic Hypertension**
- c. Pregnancy-Induced hypertension

151. A placenta that's positioned on the antero-lateral wall of the uterus, can't be reached by finger through cervical examination:

- a. Low lying placenta
- b. Normal lying placenta**
- c. Marginal placenta previa
- d. Partial placenta previa

152. If diabetic mother blood sugar is always high despite of insulin, neonate complication will mostly be:

- a. Maternal hyperglycemia
- b. Maternal hypoglycemia
- c. Neonatal hypoglycemia**
- d. Neonatal hyperglycemia

153. Condition not associated with increase alpha-fetoprotein

a. breech presentation

b. Down syndrome

"Increased Maternal Serum Alpha Feto Protein":

- Intestinal obstruction
- Multiple gestation/ Miscalculation of gestational age / Myeloschisis
- Spina bifida cystic
- Anencephaly/ Abdominal wall defect
- Fetal death
- Placental abruption

154. Women came to clinic for follow up for pap smear 3 time negative and has history of wart from 7 years and now found Atypical Squamous tissue grow, Next step

a. repeat pap after 1 years

b. HIV smear

c. Resection loop

d. hysterectomy

Answer: ASCUS = test for HPV & colposcopy

155. Female dx recently with epilepsy & you gave her phenobarbitone , she lactate her 10 month old child 3time/day, what will be your advice:

a. stop lactation immediately

b. stop lactation over three weeks

c. Lactate only 8 hours after each dose

d. Continue the feeding

156. Lactating mother with mastitis treatment:

a- Doxycycline

b- Ceftriaxone

c- Cefixime

d- Metronidazole

Answer: Cephalixin/dicloxacillin

157. A female has an itching vulva and thighs:

a. Contact dermatitis

158. Female + her child (after 2 weeks of delivery she complain of poor feeding of the baby) with hallucinations (the mother)

a. obsession

b. post partum psychosis

159. Child with vaginal discharge green, bad odor, pelvic exam normal?

a. Foreign body

b. Trichomoniasis

160. A mother is lactating and she wants to take MMR vaccine. What do you tell her?

a. MMR vaccine has live attenuated bacteria.

b. D/C breast feeding for 72 hours after the vaccination.

c. MMR vaccine can be taken safely while breast-feeding

d. MMR vaccine will harm your baby.

161. pt asking u why instead of doing self breast exam. Every month not to do mammography yearly , what u'll say :

a. mamography only detect deep tumor

b. mamography and self exam are complementary

c. self breast exam are better bcz it detect early tumor

d. mammography are only for palpable masses

162. Young female she have irritation vulva she goes to here doctor and advise her to change the soap she using ! but still she have this irritation It was waxy with grayish

a. Atopic dermatitis

b. Contact dermatitis

c. Lichen simplex

d. Lichen Planus

163. Polygonal rash flat topped:

a. Lichen planus

164. The most common cause of nipple discharge in non lactating women is:

a. prolactenoma

b. hypothyroidism

c. breast CA

d. fibrocystic disease with ductal ectasia .

165. Which heart condition is tolerable during pregnancy

a. Eisenmenger syndrome

b. Aortic stenosis

c. Severe mitral regurge

d. Dilated cardiomyopathy with EF 20%

e. Mitral stenosis and the mitral area is 1 cm (or mm).

Eisenmenger is definitely intolerable (a), MR is tolerable if NYHA classes I or II (c), EF 20% is considered intolerable (d), MS is considered tolerable if the mitral area is $> 1.5 \text{ cm}^2$

166. A pregnant lady, 8 weeks gestation, came with Hx of bleeding for the last 12 hours with lower abdominal pain & she passed tissue. O/E the internal os was 1cm dilated. The diagnosis is:

a. Complete abortion

b. Incomplete abortion

c. Missed abortion

d. Molar pregnancy

e. Threatened abortion

167. Female young with dew tear vesicles on rose red base and painful on vulva?

a. Syphilis

b. HSV

c. Chancroid

168. A couple with history of infertility the first line of investigation for this couple is:

a. semen analysis

169. Female take OCPs come with skin changes on the face:

a. lupus lipura

b. melasma

170. Which of the following is considered abnormal & indicates fetal distress:

a. Late deceleration

171. During the third trimester of pregnancy, all of the following changes occur normally except:

a. Decrease $paco_2$

b. Decrease in wbc's

c. Reduced gastric emptying

d. rate Diminished residual

e. lung volume Diminished

f. pelvic ligament tension

g. Pregnancy in the final month and labor may be associated with increased WBC levels.

WBC increases in pregnancy

172. Pt had spontaneous abortion what is the correct answer?

a. Must do cervical exam to confirm. ??

b. Common cause of infertility.

c. Occur mostly in 2nd trimester

173. Which of the following is true regarding antepartum (third trimester) hemorrhage :

a. Can be caused by polyhydramnios

b. Rare to be associated with hypofibrinogenemia

c. Cervical problems are a major cause

Obstetrics and Gynecology

174. 38 yrs old female ... came to you at your office and her pap smear report was unsatisfactory for evaluation the best action is:

- a. consider it normal &D/C the pt.
- b. Repeat it immediately
- c. Repeat it as soon as possible (most likely)**
- d. Repeat it after 6 months if considered low risk
- e. Repeat it after 1 year if no risk

According to the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines for the management of patients with "unsatisfactory for evaluation" pap test results, patients should have repeated testing within 2 to 4 months.

175. A 54 YO female with chronic pelvic pain is found to have a right sided ovarian mass. After the initial evaluation, surgery is planned to remove the mass. To avoid excessive bleeding during the surgery , the surgeon should ligate which of the following structures?

- a. Round ligament
- b. Suspensory ligament**
- c. Ovarian ligament
- d. Transverse Cervical ligament
- e. Mesosalpinx

176. Pregnant has glucosuria also by GTT confirmed that she has gestational diabetes what should we do:

- a. repeat GTT
- b. Take a1c hemoglobin
- c. take fasting blood glucose

→ Start management

177. Young female with whitish grey vaginal discharge KOH test and has smell fish like diagnosis is -

- a. Gonorrhea
- b. Bacterial Vaginosis**
- c. Trachomonous Vaginalis

178. At term of pregnancy which of the following change?

- a. Tidal volume**
- b. total lung capacity

179. Pregnant lady healthy except swelling lips with bleeding "I think from lips " what is it ?

- a. ITP
- b. tumor

Pyogenic granuloma

180. A pregnant lady came to you to in second trimester asking to do screening to detect Down syndrome, what is the best method:

- a. Triple screening**
- b. amniocentesis

Triple screening, Quad screening

181. Most common cause of female precocious puberty?

- a. Idiopathic Female puberty 6-12 months earlier to male
- b. 2-3 years before male
- c. same age of puberty
- d. male earlier than female

It is idiopathic central in 90 – 95% of cases

182. Long scenario for a lady suffer from vulvar itching .. remember that there's "bubbles" in the scenario .. what's the dx:

- a. Lichen simplex chronicus ????**

Obstetrics and Gynecology

183. Question about spontaneous abortion:

- a. 30-40% of pregnancies end with miscarriage
- b. Most of them happen in the second trimester
- c. Cervical assessment must be done

It occurs in 20% of pregnancies, it is mostly due to chromosomal abnormalities (50%), it is mostly in the first trimester, and cervical assessment must be done.

184. 16 y/o old female with primary amenorrhea, scattered pubic and axillary hair but proper breast development diagnosis:

- a. Complete androgen insensitivity

185. Infertile women for 3 years with dyspareunia

- a. Salpingitis
- b. endometriosis

186. Patient had unprotected coitus presented with joint pain culture showed Give diplococcic:

- a. Gonorrheal arthritis
- b. Non Gonorrheal arthritis

187. 5 y/o girl, presented with sore throat, and serosanguinous vaginal discharge:

- a. Foreign body.
- b. Chlamydia.
- c. Gonorrhea.
- d. Streptococcus infection

188. Post partum bleeding for more than 2 hours, vitals non stable, what to do:

- a. Ergotamine.
- b. Blood and iv fluid. -- true
- c. A drug (I remember like oxytocin) + IVF

Blood & fluids → oxytocin and misoprostol → bimanual compression → balloon tamponade → surgery (lynch suture/arterial ligation).

189. Women with APH, next step :

- a. go for vaginal Ex
- b. fibroid can not be excluded
- c. do US**

190. Pregnant lady 34 weeks of gestation presented by vaginal bleeding, which of the following is relevant to ask about :

- a. Smoking**
- b. Desire of future pregnancy
- c. The result of last pap smear
- d. Hx of vaginal irritation

191. 19 years old c/o abdominal pain within menstruation for last 6 years diagnosis

- a. primary dysmenorrhea**
- b. secondary dysmenorrhea

In order to assume that it is primary we should excluded the presence of any pathology.

192. A 55-year-old lady on HRT is complaining of spotting on day 21 of the cycle. What will you do?

- a. Pap smear
- b. Endometrial sampling
- c. Stop HRT**
- d. Add progesterone

193. 48 years old with irregular menses presented with fatigue and no menstruation for 3 months with increased pigmentation around the vaginal area with no other symptoms. Your next step would be :

- a. reassure the patient
- b. do a pregnancy test**
- c. do ultrasound

Obstetrics and Gynecology

194. 43 y/o female presented with severe DUB other examination normal. Your management is

- a. D&C**
- b. OCPs
- c. Hysterectomy
- d. Blood transfusion

In heavy bleeding the management is by IV estrogen, if not available D&C

195. 32 years old female patient presented by irregular menses, menses occurs every two months, on examination every thing is normal, which of the following is the LEAST important test to ask about first :

- a. CBC
- b. Pelvic US
- c. Coagulation profile
- d. DHEA-S**

196. Pregnant lady with cardiac disease presented in labour, you'll do all except:

- a. epidural anesthesia
- b. C/S**
- c. diuretics
- d. digitalis
- e. O₂

197. 25y female with bradycardia and palpitation. ECG normal except HR130 and apical pulse is 210. Past history of full ttt ovarian teratoma Rupture of a cystic teratoma leading to shock or hemorrhage with acute chemical peritonitis, so your advice is:

- a. struma ovari should be considered ???**
- b. vagal stimulate should be done
- c. refer to cardiology

198. Patient came with cervical carcinoma next investigation:

- a. Cone biopsy
- b. Direct biopsy
- c. Pap smear

199. Female with abnormal Pap smear, she repeated and shows high-grade dysplasia. What the next step?

- a. Total hysterectomy
- b. Cervical cone biopsy
- c. Directed colposcopy biopsy

Any abnormal Pap smear must be followed by colposcopy

200. 62 female with -ve pap smear you should advice to repeat pap smear every:

- a. 6m
- b. 12m
- c. 18m
- d. No repeat

? answer: every 2 - 3 years up to 65 years old

201. Side effect of percutaneous contraception (S/E same as OCPs)

N.B. Increase the risk of thromboembolism especially in smokers & those > 35 years

202. Absolute contraindication of OCP:

- a. History of DVT
- b. Migraine with neurosis
- c. Undifferentiated breast mass

203. Regarding injectable progesterone:

Answer: Injectable progesterone "Depo-Provera" or "Medroxyprogesterone" is associated with skin problems, irregular bleeding, weight gain, and decrease in bone mineral density .

204. Couples asking for emergency contraception

N.B. Emergency Contraception:

(a) Pills

1. Combined: ethinyl estradiol & norgestrel

2. Progestin-only: Levonorgestrel

(b) Copper T IUD

205. 48year old female lost her menstruation for 2 cycles, the method of contraception is condom, and examination was normal except for dusky discoloration of the cervix. What you will do next:

a. Progesterone challenge

b. Beta HCG

c. Pelvic u/s

206. Most common site for ectopic pregnancy:

a. Fallopian tubes (AMPULLARY PORTION)

207. Regarding GDM:

a. Screening for GDM at 24 to 28 weeks

b. Diet control is always successful TTT

c. Screening at 8 weeks

d. Prevalence of diabetes mellitus in pregnancy is 10%

e. Diabetic and non-diabetic have same perinatal mortality

f. Gestational diabetes can be diagnosed by abnormal FGS test

208. Pregnant lady came to antenatal clinic for routine checkup, her Glucose tolerance test was high glucose, diagnosed as gestational DM, management:

a. Nutritional advice

b. Insulin

c. OHA

d. Repeat GTT

209. Which of the following anti-diabetics are safe during pregnancy:

a. Insulin

b. Glyburide

210. A female that had Gestational DM during pregnancy & was not controlled with diet & she needed insulin. GDM increases the risk of which of the following in later life?

a. Type I DM

b. Type II DM

c. Impaired fasting glucose

211. Newly married woman complain of no pregnancy for 3 month with unprotected sexual intercourse:

a. Try more (infertility is defined as no pregnancy for one year)

212. Patient with an-ovulation period come to infertility clinic, her husband's semen analysis with normal result, what is the best treatment?

a. clonidine

b. exogenous LH

Induce ovulation by clomiphene, gonadotrophins, and pulsatile GnRH

Obstetrics and Gynecology

213. Which of the following is true regarding infertility:

- a. It is failure to conceive within 6 months. (1 year)
- b. Male factor > female factors. (the reverse)
- c. It could be due to high prolactin levels.
- d. Rare to be due anovulation. (common)
- e. Only diagnosed by HSG. (need full lab & imaging investigations)

214. Indication of immediate CS:

- a. breech
- b. face
- c. cord entanglement

215. Pregnant lady , 34 wk GA , presented with vaginal bleeding more than her menstruation. On examination, cervix is dilated 3 cm with bulging of the membrane, fetal heart rate = 170 bpm. The fetus lies transverse with back facing down. U/S done and shows that placenta is attached to posterior fundus and sonotranslucence behind placenta. Your management is :

- a. C/S
- b. Oxytocin
- c. Tocolytics
- d. Amniotomy

A case of abruption + maternal hemorrhage & transverse lie = C/S

216. Pregnant PG at labor pain, on exam cervix is in stage I of labor so pain management is

- a. morphine IM
- b. epidural anesthesia
- c. general
- d. local

Epidural anesthesia is given in active stage of labor (not given in latent & not given in stage II)

217. Uterovaginal prolapse:

- a. Increase heaviness in erect position**
- b. More in blacks
- c. A common cause of infertility

218. Pregnant lady in her 30 wks gestation diagnosed as having swine flu. She has high-grade fever and cough for 4 days and her RR= 25/min. What will you do for her?

- a. Give her Tamiflu 75 mg BID for 5 days**
- b. Refer her to ER for admission
- c. Give her antibiotics
- d. Refer her to OBGY doctor

219. Ovarian mass of 7 cm in a young girl with irregular cycles and no other complain:

- a. Endometrial cyst
- b. Granulosa leutein cyst**

220. What is the most complication after hysterectomy?

- a. Ureteral injury
- b. Pulmonary embolism
- c. Hemorrhage**

221. Female pt c/o sever migraine that affects her work, she mentioned that she improved in her last pregnancy, to prevent that:

- a. Biofeedback
- b. Propranolol**

N.B. migraine increase in pregnancy

222. Pregnant 41 weeks with oligohydramnios; what to do:

- a. Induce labor**

Obstetrics and Gynecology

223. Which of the following can lead to polyhydramnios:

- a. Duodenal atresia
- b. Renal agenesis → Oligohydramnios
- c. Post term pregnancy → Oligohydramnios

→ Diabetes is also a very common cause.

224. First sign of magnesium sulfate toxicity is:

- a. Loss of deep tendon reflex

225. Salpingitis and PID on penicillin but not improve the most likely organism is :

- a. chlamydia
- b. nesseria
- c. syphilis
- d. HSV

226. Female patient came with lower abdominal pain, fever on exam patient has lower abdominal tenderness and tender cervical fornix, the most appropriate way to diagnose the problem is:

- a. Laparoscopy
- b. Heterosalpingography
- c. Abdominal CT
- d. Radionuclear Study

227. Average length of the menstrual cycle:

- a. 22 days
- b. 25 days
- c. 28 days
- d. 35 days
- e. 38 days

228. 15 y/o post- pubertal female came to the clinic complaining of excessive hair growth in the face, abdomen and axillae. Her puberty was at 13 y/o, her periods are irregular, every 3 months and the exact dates are not predictable. The bleeding is scanty. Physical examination revealed the presence of acne in her face but was otherwise normal. Normal secondary sex characteristics & normal breast development. The most probable cause of her condition is:

- a. Ovarian failure
- b. Peripheral androgen resistance
- c. High androgen level**
- d. Low androgen level

A case of PCOS (hirsutism, acne, and irregular menses), the hormonal change occurring is high androgen + high LH : FSH ratio

229. Girl with amenorrhea for many months BMI is 20 and is stable over last 5 years the diagnosis:

- a. Eating disorder**
- b. Pituitary adenoma

230. Adolescent girl started to have menses 2 years ago having pain during her period, ttt:

- a. Danazol
- b. NSAID**

This is a case of dysmenorrhea, thus treatment is by NSAID

231. 14 years old girl complaining of painless vaginal bleeding for 2-4 days every 3 weeks to 2 months ranging from spotting to 2 packs per day; she had 2ry sexual characters 1 year ago and had her menstruation since 6 months on clinical examination she has normal sexual characters, normal pelvic exam appropriate action:

- a. OCP can be used
- b. You should ask for FSH and prolactin level
- c. Don't do anything & explain this is normal?**

Obstetrics and Gynecology

232. Internal female organs with infusion labia and huge clitoris asking for diagnosis:

- a. Female pseudohermaphroditism
- b. Male pseudohermaphroditism**

233. Common cause of secondary amenorrhea and high FSH & LH:

* I was confused between (gonadal dysgenesis and premature ovarian failure)

Answer: HIGH LH in PCOS & premature menopause - HIGH FSH in hypergonadotropic hypogonadism/ovarian failure

234. Regarding postpartum Psychosis:

- a. Recurrences are common in subsequent pregnancies**
- b. It often progresses to frank schizophrenia
- c. It has good prognosis
- d. It has insidious onset
- e. It usually develops around the 3rd week postpartum

235. The best stimulus for breast milk secretion is:

- a. Estrogen
- b. Breast feeding " oxytocin is also an accepted answer "**

236. All of the following drugs are contraindicated in breast-feeding except:

- a. Tetracycline
- b. Chloramphenicol
- c. Erythromycin**

237. Pregnant diagnosed with UTI. The safest antibiotic is:

- a. Ciprofloxacin
- b. Ampicillin**
- c. Tetracycline

Nitrofurantoin is the first line

238. Pregnant lady with cystitis, one of the following drugs contraindicated in her case:

- a. Amoxicillin
- b. Ceftriaxone
- c. Fluoroquinolone**

239. Asymptomatic woman with trichomoniasis :

- a. Treat if symptomatic
- b. Treat if she is pregnant
- c. Treat her anyway**

240. Pregnant lady 28 weeks with chlamydia infection:

- a. Azithromycin
- b. Erythromycin**
- c. Doxycycline

Chlamydia in pregnancy is treated by erythromycin, alternatives include: (azithromycin & amoxicillin)

241. pt 62 years old female complaining of pruritis of pupic area, with bloody discharge she use many treatment but no improvement, then she develops pea shape mass in her labia, she went to you to show you this mass what will come to your mind as diagnosis :

- a. Bartholin cyst
- b. Bartholin gland carcinoma**
- c. Bartholin gland abscess

242. Female complain of painless odorless and colorless vaginal discharge that appear after intercourse so ttt

- a. Give antibiotic
- b. Douche after intercourse**
- c. Cervical cancer should be consider
- d. May be due to chronic salpingitis

243. Female patient around 35 years old, history of thromboembolic disease, what type of reversible contraceptive she can use

- a. OCP
- b. Mini pills**
- c. IUCD

244. What feature is present in depo-provera compared to OCP:

- a. It has no local reaction.
- b. Associated with a higher risk for DVT.
- c. Lower compliance than OCP.
- d. Associated with a higher risk of osteoporosis**

245. Ovarian cancer with deep voice and male features?

- a. leydig cell cancer**
- b. struma ovarii

246. Premenstrual tension

- a. more in the first half of menses
- b. 60% associated with edema
- c. associated with eating salty food**
- d. menorrhagia

247. The current recommendation for breast feeding is that :

- a. Exclusive breast-feeding should be continued till 6 months of age followed by supplementation with additional foods**
- b. Exclusive breast-feeding should be continued till 4 months of age followed by supplementation with additional foods
- c. Colostrum is the most suitable food for a new born baby but it is best avoided in first 2 days
- d. The baby should be allowed to breast—feed till one year of age

248. Placenta previa, all are true except:

- a. Shock out of proportion of bleeding**
- b. Malpresentation
- c. Head not engaged
- d. Painless bleeding

Ophthalmology

Ophthalmology

1. 50 year old Man presented to ER with sudden headache, blurred of vision, and eye pain. The diagnosis is:

- a. Acute glaucoma
- b. Acute conjunctivitis
- c. Corneal ulcer

2. 60 years old pt. presented with decrease vision bilaterally, especially to bright light on exam he was having cupping with wedge shaped opacities ... he is having??

- a. lens sub laxation
- b. cataract
- c. open angle glaucoma

3. Case of chlamydial eye infection:

It is a bacterial infection caused by Chlamydia trachomatis, which is transmitted by poor hygiene & contaminated water. Treatment is by antibiotics such as erythromycin & doxycycline. Surgery may be done to prevent scarring.

4. diabetic patient for long time came after car accident complains of flashes of light in the left eye, blurred vision, and shadows?

- a. Retinal detachment
- b. Cataract

5. Which of the following drugs is contraindicated in glaucoma:

- a. Timolol
- b. Pilocarpine
- c. Steroids

6. Newborn with left eye purulent discharge, redness, edema. culture showed gram -ve diplococci. your TTT ?

- a. IV cephalosporin
- b. IM cephalosporin
- c. Oral floroquinolone
- d. Topical sulfonamide

7. Patient with eye pain not relieved by patching when he came you find red eye with sclera injection with cloudy anterior chamber, DX

- a. Retinitis
- b. Uveitis**

8. Eye screening in DMI:

- a. Now and annually
- b. Now and every 10 years
- c. After 5 years & annually**

In DM II the screening is now and annually.

9. Pt having glaucoma and taking treatment for it presents with shortness of breath, which of the drug is he taking

- a. PILOCARPINE
- b. TIMOLOL**
- c. BETAXOLOL
- d. ACETAZOLAMIDE

10. Patient with DM II with good vision, to prevent eye disease (Retinal back ground) to develop is to avoid:

- a. HTN, Smoking
- b. Obesity, Smoking
- c. HTN, Obesity**

11. newborn presented with conjunctivitis and O.M, what is the treatment?

It is mainly caused by Hemophilus Influenzae, thus it is treated with Ampicillin.

Ophthalmology

12. patient with blepharitis, with hx of acne rosacea but with no sign of keratitis, what you will give him:

- a. Topical chloramphenicol
- b. Oral doxycycline**
- c. Topical gentamicin

Association of rosacea with blepharitis means that it is posterior, thus the use of a tetracycline antibiotic (doxycycline) is appropriate.

13. pic of optic nerve cupping:

- a. Glaucomatous cupping**
- b. Optitis
- c. Optic nerve atrophy

14. Acute eye pain, decrease vision, conjunctival injection, constricted pupil, opaque lens with keratinization, cells in aqueous humor:

- a. anterior uveitis.**

15. TTT of the previous question:

- a. Steroids and cyclopentolate**

The mainstay of treatment in anterior uveitis is by steroids and mydriatics.

16. Blow out fracture:

- a. Parasthesia in superior orbital ridge.
- b. Exophthalmos.
- c. Diplopia in upward gaze.**
- d. Air fluid level in maxillary sinus.

17. Progressive vision loss O/E opacifications :

- a. cataract**

18. Pt with DM since 20years present with cotton wool spots on retina, Mx:

- a. Control blood sugar
- b. Refer to ophthalmology**
- c. Insulin
- d. Tetracycline drops

19. Patient complains of eye itching due to flying of foreign body in his eye, after removal the foreign body what you will do

- a. topical antibiotics**
- b. oral antibiotic
- c. topical steroid
- d. oral steroid

20. Infant born with hemangioma on the right eyelid what is appropriate time to operate to prevent amblyopia:

- a. After obstruction by one day
- b. By 1 week ?**
- c. By 3 months
- d. By 6 months
- e. 9 months

21. A corneal ulcer, Abrasion other investigation

- a. visual field measurement
- b. slit lamp
- c. fluorescence dye**

22. Hx of glaucoma & COPD what ttt:

- a. acetazolamide**

23. pt with typical Hx of viral conjunctivitis in Rt eye..what is your action ?

- a. Add topical steroid**
- b. Add topical antiviral
- c- Add topical antibacterial
- Compressors/steroids.**

Ophthalmology

24. Patient came with red eye and itching with discharge, what is the diagnosis:

- a. Conjunctivitis
- b. iritis

25. Mechanism by which glaucoma produce

- a. Outflow obstruction of aqueous

26. Known case of allergic conjunctivitis that suffer in every spring he is a Gardner and cannot avoid allergic substances...what do you advise him to reduce the symptoms in the night?

- a. Sleep in air conditioned room
- b. Eye drops
- c. Apply cold compressors??

Artificial tears, mast cell stabilizers, and antihistamines are used for the treatment of seasonal conjunctivitis. Prevention is by avoidance.

27. Red eye with watery discharge:

- a. Local antihistamine
- b. Steroids
- c. Antibiotics

28. Picture of an eye: no history of discharge, only tears and redness ...etc: Dx is:

- a. viral conjunctivitis.

29. HTN lady with high levels of BP, ophthalmic examination showed cupping and extra findings, which I don't recall, most appropriate management is:

- a. urgent referral to ophthalmologist

30. 80 yr old in his normal state of health presented with decrease visual acuity bilaterally without any defect in visual field his VA Rt eye= 20/100 VA Lt eye=20/160 fundoscopic exam showed early signs of cataract and drusen with irregular pigmentations. No macular edema or neovascularization. The appropriate action beside antioxidants and Zn is:

- a. Refer the pt for emergency laser therapy
- b. Refere the pt for cataract surgery
- c. See the patient next month**

31. Diabetic pt for 20 years, eye examination reveals vitreous hemorrhage, neovascularization. How to manage:

- a. Strict diet
- b. Referral to ophthalmologist**
- c. Name of medication

32. Trauma by tennis ball with blood in the anterior chamber, you must rule out:

- a. conjunctivitis
- b. keratitis
- c. penetrating FB**
- d. blepharitis

33. ttt of dacryocystitis :

- a. topical antibiotic
- b. oral antibiotics**
- c. oral steroid
- d. oral antiviral

In acute dacryocystitis treatment is by cold/warm compressors + antibiotics, then DCR after infection resolves. While in chronic dacryocystitis → DCR.

Ophthalmology

34. Female patient with painful red eyes bilateral, blurred of vision for 24 hours, behind the optic disc is intact and one more something, I remember very poor finding was given) Dx?

- a. Neurosyphilis
- b. DM
- c. HTN
- d. Multiple sclerosis

Optic neuritis of MS is most likely, but the scenario is still not clear to choose a definitive answer.

35. Patient diabetic, age 39, has diagnosed to have DM when he was 30, came to your clinic complaining of blurred vision, redness, irritable eye, on fundoscopy there is new vessels growing (angiogenesis) Dx?

- a. Background retinopathy
- b. Proliferative retinopathy

36. SNELLEN CHART, there is a chart, old man comes with decrease in vision, doctor check his vision by snellen chart he is able to read up to 3rd line, so his vision is

- A. 20/70
- B. 20/100
- C. 20/50
- D. 20/40

37. Picture of an old man having red eye of left side, between the two eyes above the nose there are small papular lesions, for which he is using acyclovir cream, it is characterized by a prodrome of fever, malaise, nausea, vomiting, and severe pain and skin lesions between eyes. Treatment is:

- a. Topical antibiotic
- b. Topical antihistamine
- c. Topical steroids
- d. Topical decongestants

38. Regarding pterygium:

- a. Due to the presence of a systemic cause
- b. Causes blindness
- c. Due to actinomycosis
- d. Needs surgical intervention**

39. A patient complains of dry eyes, a moisturizing eye drops were prescribed to him 4 times daily. What is the most appropriate method of application of these eye drops?

- a. 1 drop in the lower fornix**
- b. 2 drops in the lower fornix
- c. 1 drop in the upper fornix
- d. 2 drops in the upper fornix

40. Pt involve in RTA, develop raccoon eye:

- a. fracture of the globe
- b. fracture in base of anterior fossa
- c. concussion
- d. base skull fracture**

41. 24 y/o female newly diagnosed type 2 DM, she is wearing glasses for 10 years, how frequent she should follow with ophthalmologist:

- a. Every 5 years.
- b. Annually**

42. 54 y old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day, your advice to him is:

- a. exercise
- b. stop smoking**
- c. wear sunscreen

Ophthalmology

43. Child had recent onset flu then develop red eye + lacrimation no itching dx:

- a. **viral conjunctivitis**
- b. bacterial conjunctivitis
- c. allergic conjunctivitis

44. Female patient with right eye pain and redness with watery discharge, no h/o trauma, itching, O/E there is diffuse congestion in the conjunctiva and watery discharge what you'll do:

- a. Give Antibiotics
- b. Give antihistamine
- c. **Topical steroid**
- d. Refer her to the ophthalmologist

45. A patient with a suspected corneal ulcer:

- a. Cotton debridement and systemic antibiotics.
- b. Cotton debridement and cycloplegics.
- c. Burr debridement and
- d. **Topical antibiotic, cycloplegic and refer to ophthalmologist.**

46. pt with trachoma in eye for prevention you should

- a. water
- b. eradication of organism
- c. **mass ttt**

47. Patient with TB, had ocular toxicity symptoms, the drug responsible is:

- a. INH
- b. **Ethambutol**
- c. Rifampicin
- d. Streptomycin

48. Left red eye, watery discharge, photo phobia, peri-auricular non-tender lymph nodes, diagnosis:

- a. Bacterial conjunctivitis
- b. **Viral conjunctivitis**

49. A man who bought a cat and now developed watery discharge from his eyes he is having:

- a. Allergic conjunctivitis**
- b. Atopic dermatitis
- c. Cat scratch disease

50. Patient came to emergency room complaining of acute pain in rt eye and watery discharge and photophobia, in slit lamp examination founded keratin layer detachment behind cornea and block aqueous meshwork. What is diagnosis??

- A. acute closed angle glaucoma**
- B. acute keratitis
- C. acute conjunctivitis
- D. ciliary body dysfunction
- E. deposit of

51. The most dangerous red eye that need urgent referral to ophthalmologist

- a. Associated with itching
- b. Presence of mucopurulent discharge
- c. Bilateral
- d. Associated with photophobia**

52. Patient is taking steroid eye drops for allergic conjunctivitis for a long time, what is the side effect that you should concern about:

- a. cataract
- b. glaucoma**

53. Patient with recent History of URTI, develop sever conjunctival injection with redness, tearing, photophobia, so what is the treatment:

- a. Topical antibiotics
- b. Topical acyclovir
- c. Oral acyclovir
- d. Topical steroid**

Ophthalmology

54. Painful vision loss:

- a. Central vein thrombosis
- b. Central artery embolism
- c. Acute angle closure glaucoma

55. HTN pt. with decrease vision, fundal exam showed increase cupping of optic disc dx:

- a. Open angle glaucoma
- b. Closed angle glaucoma
- c. Cataract d. HTN changes

56. 24 YO male with painless loss of vision, macular degeneration and optic atrophy:

- a. pathological myopia
- b. physiological myopia

57. Child came to ophthalmology clinic did cover test, during eye cover his left eye move spontaneously to left, the most complication is:

- a. Strabismus
- b. Glaucoma
- c. Myeloma

58. Patient came to you with small swelling under his eye, on examination he have inflammation in lacrimal duct, you refer him to ophthalmologist before that what you will give him:

- a. Topical steroids
- b. Topical antibiotics
- c. Oral antibiotics

59. Very long scenario of old age pt with DM, HTN, history of multiple cardiac attack, CVA, came for routine check up in PHC, you found bilateral opacification in both lenses, with decreasing of visual acuity, you will:

- a. Refer to laser therapist
- b. Refer to cataract surgeon**
- c. Refer to ophthalmologist
- d. Follow up

60. Retinal detachment all of the following are true EXCEPT:

- a. Can lead to sudden loss of vision
- b. More in far-sighted than near-sighted**
- c. Follow cataract surgery
- d. If you suspect it sent for ophthalmologist

RD is more with high myopia.

61. Patient with red eyes for one day with watery discharge no itching or pain or trauma (nothing indicate allergy or bacterial infection) there is conjunctival injection visual acuity 20/20 what is next management

- a. Antihistamines
- b. Topical AB
- c. No further management is needed
- d. Refer to ophthalmologist
- e. Topical steroids**

62. Acute angle glaucoma with COPD and DM:

- a. Acetazolamide**

63. What is the management of acute congestive glaucoma?

- a. IV acetazolamide and topical pilocarpine**

Ophthalmology

64. 70 y/o female say that she play puzzle but for a short period she can't play because as she develop headache when playing what will examine her for

- a. Astigmatism
- b. Glaucoma

Near vision (most probably it will be present as a choice).

65. Patient w pain in Rt. eye associated with photophobia and redness, patient has a history of previous uveitis in the other eye. What is your dx?

- a. acute angle glaucoma
- b. uveitis

66. A lady drives her car and can't see the traffic light (which of the following tests assesses distant vision)?

- a. Snellen's chart
- b. Tonometer

67. Patient with HX of URTI & flash of light when he sneeze the cause is:

- a. Chemical
- b. Mechanical irritation of retina

68. A patient came with eye pain, watery discharge and light sensitivity

Eye examination showed corneal ulceration. Her symptoms are frequently repeated. Which of the following is triggering for recurrence of her symptoms:

- a. Dusts
- b. Hypertension and hyperglycemia
- c. Dark and driving at night
- d. Ultraviolet light and stress

69. At a daycare center 10 out of 50 had red eye in first week, another 30 develop same condition in the next 2-weeks, what is the attack rate

- a. 40%
- b. 60%**
- c. 20%

70. Clear scenario of keratitis and on examination there is a dendritic ulcer:

- a. Herpes simplex keratitis**

71. Old diabetic man with sudden unilateral visual loss, there are multiple pigmentations in the retina with macular edema. Dx

- a. Retinal detachment
- b. Retinal artery occlusion
- c. Retinal vein thrombosis**
- d. Diabetic retinopathy

72. Open globe injury. TTT is:

- a. Continuous antibiotic drops
- b. Continuous water and NS drops
- c. Continuous steroids drops
- d. Sterile cover and then refer**

73. All are true regarding retinal artery occlusion except:

- a. Painful loss of vision**
- b. Painless loss of vision

Retinal artery occlusion is painless.

74. Patient present with corneal abrasion, treatment:

- a. Antibiotics with covering the eye**
- b. Antibiotic ointment put it in the home without covering the eye

Ophthalmology

75. Treatment of herpes zoster in ophthalmic division:

- a. Oral acyclovir alone
- b. Acyclovir & Prednisolone**
- c. Prednisolone
- d. IV Acyclovir

76. A 45 years old male came to the ER with sudden headache, blurred vision, excruciating eye pain and frequent vomiting. The most likely diagnosis:

- a. Acute conjunctivitis
- b. Acute angle closure glaucoma**
- c. Acute iritis
- d. Corneal ulceration
- e. Episcleritis

77. A patient presents with subconjunctival hemorrhage. What you will do for him:

- a. Reassurance**
- b. Send him to the ophthalmologist

78. Male came to you complaining of sudden progressive decreasing in vision of left eye over last two/three days, also pain on the same eye, on fundoscopy optic disk swelling was seen, Dx:

- a. Central retinal artery occlusion
- b. Central retinal vein occlusion
- c. Optic neuritis**
- d. Macular degeneration

79. pt c/o pain when moving the eye, fundoscopy is normal:

- a. Optic neuritis**
- b. Papilledema

80. SCA patient, the macula is cherry red, and absence of afferent papillary light reflex:

- a. Retinal artery occlusion**

81. Patient present with mid face pain, erythematous lesions and vesicles on periorbital and forehead, the pain is at nose, nose is erythematous. What is the diagnosis?

- a. Roseola
- b. HSV
- c. Herpes zoster

82. In the work-up of red eye, Uveitis differs from keratitis in which there is:

- a. Pupil involvement
- b. Decrease in vision
- c. Limbal injection

83. Patient with lateral and vertical diplopia, he can't abduct both eyes, the affected nerve is:

- a. II
- b. III
- c. VI
- d. V

84. Photophobia, blurred vision, keratinization behind the cornea and cells in anterior chamber, the best treatment is:

- a. Topical antifungal
- b. Topical Acyclovir
- c. Antibiotic
- d.

The treatment of uveitis is by steroids and mydriatics

85. A patient with mucopurulent discharge from his eyes, red conjunctiva, intact cornea, Dx:

- a. Bacterial conjunctivitis
- b. Viral conjunctivitis
- c. Allergic conjunctivitis

Ophthalmology

86. Patient is wearing contact lenses for vision correction since ten years, now coming c/o excessive tearing when exposed to bright light, what will be your advice to him:

- a. Wear hat
- b. Wear sunglasses
- c. Remove the lenses at night
- d. Saline eye drops 4 times / day

87. A patient comes with sudden painless loss of vision before going to loose the vision see flashes and high lights asking for diagnosis:

- a. Retinal detachment

88. 37 year old male with red eye & watery tearing, denied any pain or itching, O/E diffuse conjunctival injection, visual field normal & visual acuity 20/20, mx:

- a. topical antihistaminics.
- b. oral steroid.
- c. no need for further management.
- d. topical steroid.
- e. urgent referral to ophthalmologist.

89. TB patient suffer from painful red eye photophobia

- a. Glaucoma
- b. Uveitis
- c. Bacterial conjunctivitis
- d. Viral conjunctivitis

90. All can cause miosis except:

- a. Heroin
- b. Neostigmine
- c. Clonidine
- d. organophosphate
- e. Demerol

91. Snellen chart ideal distance:

- a. 6 meters (20 ft.).

92. Case scenario about a patient who has well controlled DM, HTN. He developed trauma and become unable to see the inferior field of the left eye, the abnormality is due to:

a. Retinal detachment

b. DM

c. HTN

93. Patient with hypertensive retinopathy grade 2 AV nicking, normal BP, no decrease in vision, with cupping of optic disc, what will you do to the patient:

a. Reassurance, the problem is benign

b. Convert him to ophthalmologist

c. Laser operation

The most appropriate choice is the second one as there is no laser treatment for hypertensive retinopathy, per se, however management is directed towards control of BP. Intervention may be required if there are complications e.g. CRAO, CRVO, RD ... etc.

Orthopedics

1. Patient came with osteoporotic thoracic vertebral fracture t score for vertebra -2.6 z score:

- a. The hip -1.6 and z score 0.9
- b. Osteoporosis
- c. Established osteoporosis**
- d. Normal bone mass

The term "established osteoporosis" includes the presence of a fragility fracture, which is present in this scenario.

2. An old man, not known to have any medical illness that presented with mid back pain, he's taking only aspirin, Calcium, and multivitamins. He's not taking dairy products and on examination he has tenderness in the mid back with mild kyphosis and X-ray show compression Fracture in the vertebra in, levels what is your Dx??

- a. Osteopenia
- b. Osteoporosis**
- c. Osteomalacia

3. Spiral fracture in children?

- a. Open reduction and internal fixation.**

4. A patient with osteopenia in the femur with increase serum alkaline phosphatase, normal serum calcium, normal phosphate, normal vitamin D, he is treated with:

- a. Estrogen receptor modulator
- b. Calcium regulator**
- c. Bisphosphonate

5. Pt came with deep injury on the wrist site, the nerve that has high risk to be injured will manifest as?

- a. Inability to oppose thumb to the other fingers (median nerve)**

6. Boy patient with intoeing c/o W shape of lower limb, not abducted, Dx:

- a. Tibial torsion
- b. Femoral torsion
- c. Metatarsus adductus

The cause of intoeing depends on the age at presentation:

- < 18 m. = metatarsus adductus
- 18 m. - 3 y. = tibial torsion
- > 3 y. = femoral torsion

7. T score of bone densitometry = (-3,5) diagnosis is

- a. Osteoporosis

8. The useful exercise for osteoarthritis in old age to maintain muscle and bone:

- a. Low resistance and high repetition weight training
- b. Conditioning and low repetition weight training
- c. Walking and weight exercise

9. An elderly lady presented with Swilling knee pain bilaterally that increases with activity & decreases with no history of trauma. The most likely diagnosis is:

- a. Osteoarthritis

10. An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:

- a. Osteoporosis
- b. Osteoarthritis

11. Football player injured in the lateral side of his left knee, presented to you with severe knee pain, PE: there is swelling in the medial aspect of the knee, valgus test showed free mobility but Lachman test and McMurray's test are negative. What's your diagnosis?

- a. Lateral collateral ligament injury
- b. Medial collateral ligament injury**
- c. Patellar fracture
- d. Medial menisci injury
- e. Lateral menisci injury

12. Picture of pelvic x ray what is diagnosis?

- a. Normal
- b. Paget's disease
- c. spondylitis
- d. osteoporosis

13. TRUE about congenital hip dislocation:

- a. Ortolani test**

Ortolani & Barlow tests are used to diagnose DDH in infants < 3 m. of age.

14. A mother complains of pain when she holds her baby in her wrist. OE radiostyloid tenderness, pain when extend and abduct the thumb dx??

- a. Gamer's thumb**

Also known as de Quervain syndrome, radial styloid tenosynovitis, de Quervain's tenosynovitis, mother's wrist, or mommy thumb.

15. A case of osteomyelitis, organism enters through?

- a. Epiphysis
- b. Metaphysis
- c. Nutrient artery (however, the most affected site is metaphysis)**
- d. Cortex of bone

16. A +ve Lachman's test indicate injury in:

- a. ACL tear**
- b. PCL tear
- c. meniscus tear
- d. medial CL
- e. lateralCL

17. About shoulder that is adducted and internally rotated (what is the mechanism of dislocation

- a. Anterior subclavicular
- b. Anterior
- c. Posterior**

18. Boy felt down on his elbow, x-ray:

- a. Posterior fat pad (correct)**

19. Non medical TTT of osteoarthritis:

- a. Muscle exercise.**
- b. Spine manipulation.
- c. Analgesic cream local.

20. Most common cause of non-traumatic fracture in osteoporosis:

- a. Vertebral fracture.**

21. Patient after accident, the left rib cage moves inward during inspiration and outward during expiration:

- a. Flail chest.**

22. 20 year old girl with decrease BMI =16, history of anorexia nervosa comes in clinic with complaint of multiple fractures, her bones are so fragile that they often break, What is your diagnosis:

- a. Osteoporosis
- b. Hypovitaminosis osteopenia
- c. Osteogenesis imperfecta
- d. Osteomalacia**

23. pt fall down on fully extended hand what is the fracture :

a. colle's fracture

24. Exogenous factor for osteoporosis:

a. Alcohol

b. Smoking

c. Drugs

25- Best exercise for increase muscle strength and bone density

a. Weight and resistance training

26- old pt have swollen knees and patella ballotment and fluid +ve ,,, what is the next step

a. MRI

b. X RAY

c. INCISION AND DRAINAGE

d. ???

27- 1st step in management of a traumatic patient?

a. Secure airways

28- L4-L5 disc prolapse:

a. pain in hip and thigh

b. hyposthesia in knee

c. weak dorsiflexors of toes

d. fasciculation of calf muscle

29- which nerve is correctly matched to the injury:

a. Carpal tunnel with long thoracic nerve

b. Wrist drop with ulnar nerve

c. Claw hand with radial nerve

d. Interosseous atrophy with median nerve

e. Tarsal tunnel with tibial nerve

30- female pt , with RTA, she has bilateral femur fracture, in this scenario, systolic blood pressure 70, what will you do:

- a. Iv fluid
- b. blood transfusion**

31- Patient with disc prolapse will have:

- a. Loss of ankle jerk**
- b. Fasciculation of posterior calf muscles.
- c. Loss of Dorsiflexion compartment of the foot.
- d. Loss of the sensation of the groin and anterior aspect of the thigh.

It depends on the level of prolapse; answer (a) is consistent with prolapse at the level of S1-S2, while answer (c), for example, is consistent with prolapse at the level of L4-L5.

32. A patient presents with long time history of knee pain suggestive of osteoarthritis. Now he complains of unilateral lower limb swelling and on examination there is +ve pedal & tibial pitting edema. What is the next appropriate investigation?

- a. CXR
- b. ECG
- c. Echocardiography
- d. Duplex ultrasound of lower limb (*immobility can lead to DVT*)**

33. A patient is asked to face the wall, bend his waist, and let his hands hang down without support. This test is used as a screening tool for which of the following?

- a. Scoliosis**
- b. Lower limb asymmetry
- c. Rectal prolapse

34- A patient with osteoporosis complains of back pain. Which of the following about vertebral compression fractures is most correct:

- a. Normal x-ray vertebra excludes the diagnosis (X)
- b. Steroid is a beneficial treatment (X)
- c. Vitamin D deficiency is the cause (?)

35-pt with tingling of the little finger, atrophy of the hypothenar, limitation of the neck movement, X-ray shows degenerative cervicitis, EMG study shows ulnar nerve compression, what will you do:

- a. Surgical decompression**
- b. Cervical CT scan
- c. NSAIDS
- d. Physiotherapy

36-If we draw a line through the long axis of the radius it will pass through the capitulum

- a. Anterior pad signs
- b. Posterior pad signs (sure)**

If the line doesn't pass through the capitulum = elbow dislocation.

37-Pt with scoliosis, you need to refer him to the ortho when the degree is:

- a. 5
- b. 10
- c. 15
- d. 20**

38. Newborn with fracture mid clavicle what is true?

- a. Most cases cause serious complication.
- b. Arm sling or figure 8 sling used.
- c. Most patients heal without complications.**

39. Posterior hip fracture (dislocation), to which site rotated?

- a. Internal rotation (+adduction)**

40 – fracture of the humerus related to which nerve injury

- a. Radial nerve**

(Axillary nerve injury in high fractures, radial in mid-fractures, and median/ulnar nerve injuries in low-fractures).

Orthopedics

41 - A patient with epilepsy came with Lt shoulder pain, on examination flattened contour of the shoulder, fixed adduction with internal rotation. your DX ???

- a. Inferior dislocation
- b. subacromal posteroir Dislocation
- c. subglenoid ant dislocation
- d. subclavicle ant dislocation

42- Osteoporosis depend on:

- a. Age
- b. Stage
- c. Gender

43- Olecranon Bursitis of the elbow joint caused by:

- a. Repeated elbow trauma
- b. Autoimmune disease
- d. Rupture of bursa

44- Athlete man came complain of pain in foot while walking on examination there is tenderness in planter of foot what is DX:

- a. Planter fasciitis
- b. Halux vagus
- c. Hallux rigidus

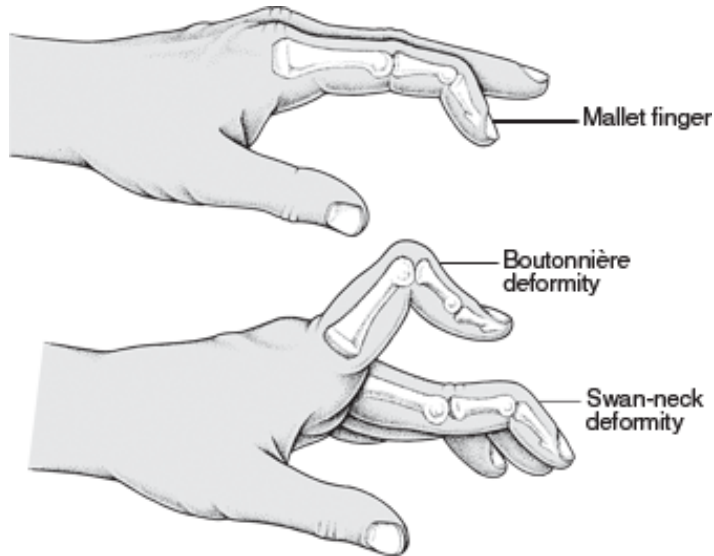
45- A patient is complaining of occipital & neck pain DX:

- a. Occipital Neuralgia

46- Typical case on ankylosing spondylitis ask about Rx: .?

NSAIDS – Analgesics – DMARDs – TNF – alpha

47- Boutonniere deformity (usually seen with RA)



48. A 42 year old man with Cushing syndrome and had a fracture, you should investigate

- a. osteomyelitis
- b. osteoarthritis
- c. osteoporosis**

49. A computer programmer presented with wrist pain and +ve tinnel test. The splint should be applies in:

- a. dorsiflexion position**
- b. palmarflexion position
- c. extension position

50. Old pt complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray of spondyloarthropathy best effective ttt:

- a. Physiotherapy**
- b. NSAID
- c. Surgery

51. pt with recurrent gout what you will give him

a. Allopurinol

52. Posterior hip dislocation:

a. Flexion, adduction

b. Flexion abduction

c. Extension, adduction

53. A man who is having a severe pain on his big toe with knee pain and examination revealed negative perfringens crystals:

a. Uric acid deposit secondary to synovial fluid over saturation

b. Calcium pyrophosphate secondary to synovial fluid over saturation

54. In a patient with rheumatoid arthritis:

a. Cold application over joint is good

b. Exercise will decrease post-inflammatory contractures

55. Mechanism of destruction of joint in RA:

a. Swelling of synovial fluid

b. anti inflammatory cytokines attacking the joint (an abnormal immune response triggering joint destruction).

56. 30 age women with sharp pain in the index finger, increase with the use of scissors or nail cut which cause sharp pain at the base of the finger in MCP joint and the finger become directed downward in (mean flexed DIP) and cause pain when try to extend the finger?

a. Trigger finger

b. Tendon nodule

c. dupetren contracure

d. Mallet finger

57. In 13 y – o – boy, having growth spurt, Dx tibial tubercle pain??

a. Osgood-Schlatter disease

b. stress fracture

58. Most common symptoms of soft tissue sarcoma:

- a. Paralysis
- b. Ongrowing mass**
- c. Pain

59. RTA with hip dislocation and shock so causes of shock is

- a. Blood loss**
- b. Urethral injury
- c. Neurogenic

60. 5years old c/o limping in CT there is AVN ttt is:

- a. Surgery total hip replacement**
- b. Splinting
- c. Physiotherapy

61. pt with congenital hip dislocation :

- a. Abducting at flexed hip can causes click (Ortolani test)**

62. 18years old boy with back pain investigation to do except:

- a. CBC
- b. ESR
- c. X -ray
- d. Bone scan?**

63. Case scenario, baby present with unilateral deformity in the foot appear when it is become the weight bearing is in the other foot but when it is the weight bearing the deformity disappear, the patient has defect in dorsiflexion of that foot. I think they are taking about (club foot)

- a. orthopedic correction
- b. shoe....
- c. surgery

64. Case scenario patient present with carpal tunnel syndrome, appropriate conservative management is by?

- a. Splinting, NSAIDS, and corticosteroid injection**

Orthopedics

65. Young adult presented with pain on lateral elbow, tingling of lateral arm, he plays Squash:

- a. Carpal tunnel
- b. Tennis elbow (Lateral epicondylitis)**

66. A patient had hairline metatarsal fracture. The x-ray was normal. What is the 2nd line?

- a. CT scan**
- b. MRI
- c. US

67. A pt presented with open tibial fracture. Which antibiotic you will give?

- a. Cefazolin
- b. Gentamycin
- c. Cefazolin & gentamicin
- d. Cefazolin, gentamycin & metronidazole**

68. Mother come to you complaining of that her child not use his right arm to take things from her and he keeps his arm in pronation position and fisted, How you will solve this orthopedic proplem:

- a. Orthopedic referral for possible surgical correction
- b. Rapid supination of forearm**

This is a case of nursemaid's elbow (radial head subluxation) that is treated by reduction by flexion and supination.

69. Mother complains of sharp pain on radial styloid when carrying her baby. The pain increase with extension of the thumb against resistance, Finkelstein test was positive, Dx:

- a. Osteoarthritis of radial styloid
- b. De Quervain Tenosynovitis**

70. Patient complaining of pain at night when he elevated his arm, tingling on lateral arm side and lateral three fingers, Dx

- a. Brachial plexus neuropathy
- b. Shoulder impingement syndrome
- c. Brachial artery thrombophlebitis
- d. Thoracic outlet problem**

71. Male patient c/o pain in his right elbow, he said that he is using the hammer a lot in his work diagnosis:

- a. Lateral epichondylitis**
- b. Medial epichondylitis (golfer's elbow)

72. Case: man with low back pain diagnosed as lumbar stenosis. MX:

- a. Physiotherapy
- b. Surgical**
- c. Biofeedback

73. Patient with DM presented with limited or decreased range of movement passive and active of all directions of shoulder

- a. Frozen shoulder**
- b. Impingement syndrome
- c. Osteoarthritis

74. 70 year old female patient with osteoporosis, what is her T score:

- a. (-2.5)**
- b. (-1)
- c. (1)
- d. (2)

75. What is the definitive treatment of frostbite?

N.B. Treatment is by re-warming the affected limb and debridement of any necrotic tissue.

76. Best way to decrease pain in elderly with bilateral knee pain and crepitation is:

- a. NSAID
- b. Decrease weight
- c. Exercise

77. Most common site of non-traumatic fracture in osteoporotic pt. is:

- a. Head of femur
- b. Neck of femur
- c. Vertebra
- d. Tibia

78. Old lady came to clinic as routine visit, she mention decrease intake of calcium food, doctor suspect osteoporosis, next initial investigation:

- a. DEXA
- b. Calcium in serum
- c. Thyroid function test
- d. Vitamin D

79. A patient having a picture of osteoarthritis w DIP joints nodules, these are called:

- a. Heberden's nodes
- b. Bouchard nodes

80. A patient has a picture of osteoarthritis w PIP joints nodules, these are called:

- a. Heberden's nodes
- b. Bouchard nodes

81. Child with radial head dislocation, what is the next in management:

- a. Reduction with supination
- b. X-ray
- c. MRI

82. Female presented complaining of neck pain and occipital headache, no other symptoms; on X-ray she has cervical spine osteophytes and narrow disks, what is the diagnosis?

a. Cervical spondylosis

83. Which of the following is true regarding Perth's disease:

a. Commonly seen between 11-16 years of age

b. Always unilateral

c. May present by painless limp

d. Characteristically affect the external rotation of hip

e. More in female

84. Old pt with 2 years bone pain, lethargy, fatigue, wedding gait, came with table show high calcium and high phosphorus;

a. osteoporosis

b. osteomalacia

c. paget disease of bone

d. metastases prostate cancer (most likely)

e. paraneoplastic syndrome

85. Best investigation for measuring bone density

a. DEXA scan

86. Treatment of isolated fracture of femur

ORIF-IMN

External fixation might be the choice if there is extensive soft tissue injury; anyhow, the general rule is that the management is operative.

87. Diet supplement for osteoarthritis

a. Ginger

88. Patient with pain in the anatomical snuffbox, he most likely has:

a. Boxer's fracture

b. Colle's fracture

c. Scaphoid fracture

Orthopedics

89. Patient have trauma of his second distal finger after he fall down on it with hyperextension of the finger, he present to the clinic with pain, redness and he cannot flex the distal phalanx.

What the diagnosis?

- a. Intra-articular fracture of distal phalanx.
- b. Extra-articular fracture of proximal phalanx.
- c. Osteomyelitis
- d. Rupture of flexor digitorum profundus tendon?**
- e. Rupture of flexor digitorum superficialis tendon

90. A 2 year old is seen in your office. The parent reports that the child shows toeing in when walking. On examination, the child exhibits femoral anteversion. The most appropriate treatment is

- a. Reassurance to the parent that the condition usually corrects itself as the child grows older**
- b. Referral to an orthopedist
- c. Referral to a physical therapist
- d. Bracing to correct internal rotation of the femurs
- e. Fitting for corrective shoes

91. Avascular necrosis is detected clinically AFTER

- a. 1/ 3 month
- b. 2/ 6 month ??**
- c. 3/ 9 month
- d. 4/ 11 month
- e. 5/ 15 month

Otolaryngology

Otolaryngology

1. 32 y/o female become deaf suddenly her mother become deaf when she was 30 Dx:

- a. otosclerosis
- b. acoustic neuroma
- c. tympanic perforation

2. The name of Questionnaire that differentiate between the primary and secondary apnea

- a. Epworth

3. Most common cause of conductive hearing loss:

- a. Meniere disease
- b. acute otitis media
- c. perforated tympanic membrane

4. 25 y/o presented with ear pain and hearing loss in the rt. ear, on exam there was ear drum swelling and obscured tympanic membrane with fluid behind the membrane dx is??

- a. otitis media
- b. tympanic cellulitis
- c. Chondrodermatitis

5. Long scenario, patient with greenish nasal discharge , sinus pressure last 4 month , He ttt with broad spectrum antibiotics with no response , (chronic sinusitis not response to antibiotics) , what is the management now ;

- a. antihistamine
- b. local decongestion
- c. antibiotic
- d. observation

A case of chronic sinusitis; systemic antibiotics may be tried along with steroid, decongestants, and vasoconstrictors. If all measures fail surgery may be attempted.

6. The most common cause of tinnitus:

- a. vitiligo
- b. Sensory neural deafness
- c. acute otitis media
- d. noising induce tinnitus.

7. Ménière's disease:

It is a disorder of the inner ear that can affect hearing and balance to a varying degree. It is characterized by episodes of vertigo, low pitched tinnitus, and hearing loss.

8. Child with ear congested, opacity, recurrent URTI, o/e NEED adenoidectomy, beside adenectomy u must do:

- a. tonsillectomy
- b. myringotomy
- c. grommet tube

If there is fluid in middle ear do myringotomy.

9. A 5-year-old child came with earache on examination there is fluid in middle ear and adenoid hypertrophy. Beside adenoidectomy on management, which also you should do:

- a. Myringotomy
- b. Grommet tube insertion
- c. Mastoidectomy
- d. Tonsillectomy

10. Most common cause of recurrent tonsillitis:

- a. Group A beta-hemolytic streptococcus
- b. EBV
- c. Bacteroid
- d. Rhino virus
- e. Para influenza virus.

11. Indication for tonsillectomy is:

- a. Pharyngeal abscess
- b. Sleep apnea**
- c. Recurrent infection
- d. Asymmetric tonsillar hypertrophy

12. Patient come you find perforated tympanic membrane with foul whitish discharge Dx?

- a. Otosclerosis
- b. Otitis externa
- c. Cholesteatoma**

13. Patient with nose trauma with pain, x-ray shows undisplaced nasal fracture, your management

- a. Refer to ENT surgeon**
- b. Give analgesic
- c. Anterior nasal packing

14. Child with earache, red tympanic membrane and -ve insufflation test

- a. Acute otitis media**
- b. Secretory otitis media

15. Young male, have seasonal sneezing, rhinorrhea, conjunctivitis, what to give:

- a. Antihistamine.**
- b. Decongestant.
- c. Local steroid.

16.treatment of otitis externa:

- a. Antibiotic drops**

17. Treatment of otitis media

Symptomatic: Oral and topical analgesics are effective to pain and

Antibiotics: The first line antibiotic treatment, is amoxicillin.

Tympanostomy tube: In chronic cases with effusions "grommet tube"

18- Patient with sensorineural hearing loss and vertigo then develop numbness, MRI showed mass in cerebellopontine angle:

- a. Acoustic neuroma**
- b. Meningioblastoma

19- Patient with ear pain and congested nose O/E red tympanic membrane +ve insufflation reflex otometry showed peaked wave

- a. Antibiotics**
- b. Myringotomy

20. Patient complaining of vertigo, vomiting, nausea and hearing loss

(sensorineural type), what is the diagnosis :

- a. Ménière's disease**
- b. osteosclerosing

The triad in Meniere's disease is vertigo, SN hearing loss, and tinnitus.

21. Otitis media treated, resolved fever and pain. After 3weeks Pt. came still there fluid in the middle ear without fever and pain. Your action

- a. Steroid
- b. Myringotomy**
- c. Antibiotics

22. First line of treatment in acute otitis media:

- a. Amoxicillin**

23. Ear pain rupture of tympanic membrane cloudy secretions TT

- a. AB drop**
- b. systemic AB
- c. corticosteroid

If the scenario suggests cholesteatoma then the treatment is surgical.

Otolaryngology

24. Bad breath smell with seek like structure, no dental caries & Ix are normal, what's the likely cause:

- a. cryptic tonsillitis**
- b. Sjogren syndrome

25. A patient with hoarseness of voice. What is the next step

- a. Indirect Laryngoscope**

26. All cause ear pain except:

- a. Acute otitis media
- b. Dental caries
- c. Vestibular neuritis**
- d. Tempromandibular joint arthritis

27. A patient presented by ear pain, red tympanic membrane, apparent vessels, with limited mobility of the tympanic membrane, what the most likely diagnosis:

- a. Acute otitis media.**
- b. Tympanic cellulitis.
- c. Mastoditis .

28. 56 y old present with vasomotor rhinitis:

- a. Local anti histamine
- b. Local decongestion**
- c. Local steroid
- d. Systemic antibiotic

29. Post partum female with recurrent attack of hearing loss, which diagnosed as conductive hearing loss, on CT the is dehesis in the of semi circular canal diagnosis:

- a. otosclerosis
- b. Ménière's disease**
- c. Tuberous sclerosis.

Otosclerosis: sclerosis of the middle ear bones (CHL)/cochlea (SNHL)

Meniere's disease: endolymph buildup in semicircular canal (mainly SNHL)

30. Purulent discharge from the middle ear how to treat him:

- a. systemic AB**
- b. local AB
- c. steroid

31. A patient with seasonal nasal irritation and sneezing prophylaxis:

- a. antihistamine**
- b. steroid
- c. decongested

32. Recurrent vertigo-tinnitus-hearing loss?

- a. Meiners disease**
- b. Cholesteatoma
- c. Vestibular neuritis

33. What is the most common cause of epistaxis in children?

- a. Self induced**

34. Child patient after swimming in pool came complaining of right ear tenderness on examination patient has external auditory canal redness, tender, and discharge the management is:

- a. Antibiotics drops**
- b. Systemic antibiotics
- c. Steroid drops

35. Waking up from sleep can't talk, no fever, can cough, normal vocal cord. Dx:

- a. Functional aphonia**

36. Young suddenly develops ear pain, facial drooping, what to do:

- a. mostly will resolve spontaneously
- b. 25% will have permanent paralysis
- c. no role of steroids

This is a case of Bell's palsy; improvement starts from the second week, however, recovery may take up to 12 months. Steroids are used to speed up the recovery process.

37. What is the best diagnostic test for maxillary sinusitis?

- a. CT scan
- b. X ray
- c. Torch examination
- d. MRI
- e. US

38. Child with epistaxis, management:

- a. Compression on nose and leaning forward
- b. Backward

39. Young patient with decreased hearing and family history of hearing loss, ear examination was normal. Rinne and Weber test revealed that bone conduction is more than air conduction, what would you do?

- a. Tell him it's only temporary and it will go back to normal.
- b. Tell him there is no treatment for his condition.
- c. Refer to audiometry.
- d. Refer to otolaryngologist

40. Most common site of tumor in sinuses:

- a. Maxillary sinus
- b. Frontal Sinus
- c. Ethmoid Sinus
- d. sphenoidal sinus

41. Patient with perennial allergic rhinitis. Tttt

- a. Steriod
- b. antihistamine**
- c. Decongestants

42. Loss of smell due to a central lesion, where is it located?

- a. Temporal Lobe**

43. Patient comes with difficulty breathing in one nostril O/E: erythematous structure best TTT:

- a. decongestant,**
- b. antihistamine,
- c. sympathomimetic

44. ttt of cholestatoma is

- a. Surgery**
- b. Antibiotic
- c. Steroids
- d. Grommet tube

45. A child presented with earache, on examination you find a piece of glass in the middle ear; his mother gave a history of a broken glass in the kitchen, what is your next step:

- a. Attempt removal by forceps**
- b. Refer her to ENT
- c. Attempt removal by irrigation
- d. Attempt removal with a suction catheter
- e. Instill acetone into the external auditory canal

46. Patient present with unilateral nasal discharge, foul smelling in the nose. Most probably diagnosis:

- a. Adenoid
- b. Foreign body**

47. Symptoms of otitis externa:

- a. Ear tragus painful**

48. Case scenario, child present with rhinorrhea & sore throat for 5 days present with middle ear perfusion, examination of the ear: no redness in the ear the cause of perfusion:

a. Otitis media because no pain.

b. Upper respiratory infection.

49. A child was treated for otitis media with 3 different antibiotics for 6 weeks but without improvement. Which antibiotic is the best treatment?

a. Amoxicillin

b. Penicillin

c. Cephalosporin

d. Amoxicillin + Clavulanic acid

e. Erythromycin + sulfamethoxazole

50. A 45 years old lady was complaining of dizziness, sensory neural hearing loss on her left ear (VIII th nerve palsy), tingling sensation & numbness on her face, loss of corneal reflex. MRI showed a dilated internal ear canal. The diagnosis is:

a. Acoustic neuroma

b. Glue ear

c. Drug toxicity

d. Herpes zoster

e. Cholesteatoma

51. A 15 years old boy present with 5 days history of pain behind his left ear and 3 days history of swelling over the mastoid. He had history of acute otitis media treated by amoxicillin but wasn't a complete course. On examination he has tenderness over the mastoid bone with swelling, tympanic membrane shows absent cone reflex and mild congestion. What is the diagnosis?

a. acute otitis media

b. serious otitis media

c. acute mastoiditis

d. glue ear

52. Most common cause of otorrhea?

- a. Acute perforated otitis media**
- b. Cholesteatoma
- c. Leakage of cerumen
- d. Eustachian tube dysfunction

53. Patient complains of inability to breath air in one nasal nostril, on examination, showed edematous mucous structure, best to give initially is:

- a. Corticosteroids**
- b. Decongestants
- c. Alfa-adrenergic blockers

It is a case nasal polyps; management is medically by a trial of steroids & if it fails surgery is required.

54. 50 y with uncontrolled diabetes, complain of black to brown nasal discharge. So diagnosis is

- a. Mucormycosis**
- b. aspergillosis
- c. foreign body

55. pt. has ear pain and tenderness when moving pinna, asking for diagnosis:

(Otitis Externa)

56. Most common cause of hearing loss in children is

- a. Serous otitis media**
- b. Antenatal maternal infection
- c. Eustachian tube dysfunction
- d. Ototoxic drugs

57. Complication of Sleep apnea is:

- a. Hypoxic pulmonary vasoconstriction → PAH → Cor Pulmonale → CHF
- b. CHF**

58. Chronic use of vasoconstrictive drugs results in;

- a. Rebound phenomenon (Rhinitis medicamentosa)**
- b. rhinitis sicca
- c. vasomotor rhinitis

59. Pt has Hx of URTI, came complain from vertigo. Most likely diagnosis is

- a. Acoustic neuroma
- b. Meniere's disease
- c. Vestibular neuritis**
- d. Benign positional vertigo

60. 4 yrs child brought to clinic C/O decrease hearing in the right ear. No pain, discharge. Examination showed normal vital signs, tympanic membrane opaque. Past hx is non-contributory. Most likely diagnosis:

- a. Acute otitis media
- b. Serous otitis media**
- c. Otitis externa
- d. Necrotizing otitis externa

61. 12 year old complaining of right ear pain, fever 38.3 with URTI The Weber test is Positive, with sound increase to the affected ear; Renne test is negative, what is the diagnosis:

- a. Mastoiditis
- b. Meningitis
- c. Lybrenthitis
- d. Otitis media**

62. Which of the following is a feature of peritonsillar abscess:

- a. Deviation of uvula to affected side**

63. Patient is complaining of right side pharynx tenderness on examination patient had inflamed right tonsil and redness around tonsil with normal left tonsil. The diagnosis is:

- a. Parenchymal tonsillitis
- b. Retro-pharyngeal abscess
- c. Peritonsillar abscess

64. Most common symptom of acute otitis media:

- a. Pain
- b. Discharge
- c. Tinnitus
- d. Vertigo

65. Child came with inflammation and infection of the ear the most complication is:

- a. Labrynthitis
- b. Meningitis
- c. Encephalitis

The most common extracranial complication is postauricular abscess, and the most common intracranial complication is meningitis, although complications often occur together.

66. Pt. suffer sensorineural hearing loss, vertigo, dizziness 3 years ago and now developed numbness and weakness of facial muscles dx

- a. Meniere disease
- b. Acoustic neuroma
- c. Acute labyrinthitis

Otolaryngology

67. 73 y.o complaining of difficulty hearing in noise environment, no h/o drug abuse, he take atenolol 50 mg daily, clear external auditory meatus, auditory exam show air greater than bone, no disequilibrium:

- a. conductive hearing loss
- b. BB toxicity
- c. loss of hair cell in cochlea
- d. low frequency sensorineural hearing loss

68. pt having otitis media ,sinusitis, laryngitis and bronchitis and septic arthritis ,, organism is gram negative diplococci

- a. *Moraxella catarrhalis*
- b. *Neisseria gonorrhoeae*
- c. *Neisseria meningitidis*
- d. strept pneumonia

69. The most common cause of hearing loss in a 58 years old patient is:

- a. Otosclerosis
- b. Tinnitus
- c. OTITIS MEDIA
- d. Presbycusis

Pediatrics

Pediatrics

1. Pediatric came to you in ER with wheezing, dyspnea, muscle contraction (most probably asthma), best to give initially is:

- a. theophyllin
- b. Albuterol nebulizers**
- c. oral steroids

2. 15y boy with unilateral gynecomastia your advice is

- a. May resolve spontaneously**
- a. There is variation from person to person
- b. Decrease use of soda oil or fish oil

3. 6 years child was born to HBS positive mother is HBS positive , he was only vaccinated by BCG after birth , what you will give him now :

- a. HBV + oral polio + DTP + hib
- b. HBV + oral polio + dt + MMR +hib
- c. HBV + oral polio + Dt + MMR
- d. polip+ mmr+ dtp+ hib**

4. Which vitamin is given to new born to stop bleeding

- a. vit. A
- b. vit. D
- c. vit. K**
- d. vit E
- e. vit C

5. child with low grade fever and congested throat, negative ASO and positive EBV. he has :

- a. infectious mononucleosis**
- b. URTI

6. A boy felt down and fractured his elbow, the lateral x-ray shows:

- a. Anterior Pad sign
- b. Posterior pad sign**
- c. Anterior line of humerus intersecting the cubilium
- d. Radial line forming 90 degree with cubilium

7. Which of the following true regarding Apgar score:

- a. Total score 12
- b. Discoloration is not important
- c. Heart rate significant**
- d. Assessed in the 2nd day of life.

The total score is 10, the color of the newborn is important, and it is assessed after birth. So, the correct answer is (c).

8. A 10 YO was diagnosed with rheumatic fever without any defect to the heart. You will tell his parents that he needs to take prophylactic antibiotics for how many years?

- a. 5 months
- b. 3 years
- c. 6 years
- d. 15 years**

Until the age of 25.

9. Child with hx of URTI 1 week ago now he c/o arthralgia, fever and fatigability, what's your diagnosis:

- a. Rheumatoid arthritis.
- b. Rheumatic fever.**

This is the most likely diagnosis, however, to confirm we need to apply Jones criteria.

10. Child presented to the ER after bee sting with SOB, anxiety and wheezing. PE : BP 75/54 , HR 120 and RR 20. Your action will be:

- a. Start IVF, IM epinephrine and antihistamine.**
- b. Reassure the patient and tell him that everything gonna be OK after antihistamine injection.

Pediatrics

11. 6 month child, difficulty in breast feeding, active pericardium, pan-systolic murmur s1, loud s2

- a. ASD
- b. Large VSD**
- c. MR
- d. AR

12. Child with iron toxicity several hours ago, investigations show iron conc. 700 mg/dl, treated with:

- a. gastric lavage
- b. activated charcoal
- c. I.V deferoxamine**

13. Skin rash in buttock, hematuria:

- a. HSP**

14. Child with duodenal atresia, characteristic sign in imaging:

- a. Double bubble**

15. Asthmatic child, how to decrease the allergy:

- a. Cover pillow and bed with impermeable material.**
- b. Throw the rug from house.

16. Child with atopic dermatitis at night has stridor plus barking cough on and off from time to time, diagnosis is:

- a. BA
- b. Croup
- c. Spasmodic Croup**

17. True about DT vaccine:

- a- No benefit for pregnant women
- b- pregnancy is not a contraindication**
- c- If taken, do abortion

<http://www.cdc.gov/vaccines/pubs/preg-guide.htm#tdap>

18. 8 y/o child with BMI= 30 and his height is more than 95 % for his age ... the next step? Scenario not complete because the rest not important?

- a. Observation and follow after 12 month
- b. Surgical intervention
- c. Obesity medication
- d. Life style modification???**

Most likely, I am not 100% sure.

19. A child is complaining of severe headache, which is unilateral, throbbing, and aggravated by light, diagnosis is:

- a. Migraine**
- b. Cluster Headache
- c. Stress Headache

20. Central line, then sepsis in child what is the cause:

- a. E. coli
- b. group B streptococci.
- c. H. inf

Causes of sepsis from an IV line include: S.aureus, S.epidermidis, Klebsiella spp., Pseudomonas spp., Candida albicans (Ref. Kumar & Clark)

21. 4 y/o child awake from sleep because a croup, which one should be in you DDx;

- a. Foreign body**
- b. Bronchiolitis
- c. Cystic fibrosis
- d. Congenital heart disease

22. What's true about rubella?

- a. cause mouth ulcer
- b. a cause of arthritis**
- c. High fever on first days of presentation

Pediatrics

23. Before 14 d the child was bite, now develop lip swelling & erythema, what type of hypersensitivity?

- a. type 1
- b. type 2
- c. type 3 ?
- d. type 4

24. Gualin-Barrie syndrome is closely associated with which one of the following:

- a. Descending paralysis start from upper limb
- b. Normal CSF
- c. Ascending paralysis start from the lower limb
- d. Needs ECG

25. A child is about to be given flu vaccine, what allergy should be excluded before giving the vaccine?

- a. Chicken
- b. Egg
- c. Fish

26. Normal Child had chest tightness and cough when exposed to cold and exercise, what to give for prophylaxis?

- a. B₂ inhaled agonist
- b. Steroid inhaler
- c. Tehyophillin
- d. Oral steroid

27. 5 y.o child with history of fever and swelling of the face ant to the both ears (parotid gland enlargement) what is the most common complication at this age group:

- a. meningitis
- b. labrynthitis
- c. orchitis

Most common complication of mumps in children is meningitis, while in adults is orchitis.

28. 8 months child with 3 days fever 40 , vomiting , convulsion , poor feeding & sleep , OE dehydrated , depressed anterior fontanel, red ears , no neck stiffness , his 3 year old sibling asymptomatic , which of the following will give the definitive Dx:

- a. CXR
- b. CBC with deferential
- c. Blood culture
- d. CSF analysis**
- e. Supra-pubic urine analysis

29. 4 y/o child with diarrhea for 2 days is complaining of anal discomfort. Your advice to the mother is:

- a. Wash with soap and water after each episode of diarrhea.
- b. Wash with cotton in warm water.**
- c. Put a clean napkin in the underwear.
- d. Change the underwear to a highly absorbent diaper

30. Child presented with gum and nose bleeding and bruising all over the body after an episode of URTI. Dx:

- a. Henoch Scholein Purpura
- b. Idiopathic thrombocytopenic purpura**
- c. Vitamin K deficiency
- d. Hemophilia

31. 2 y/o child presented with painful swelling on the dorsum of both hands and feet, he is jaundiced with Total billirubin 3, Direct 0.9, HBG 9 and reticulocytes 7,, what u will do as ongoing managment

- a. steroid
- b. NSAID
- c. penicillin and immunization**
- d. paracetmol

The question is referring to H&F syndrome in SCD.

Pediatrics

32. A baby fell down from stairs and came with multiple contusions some were old and X-ray showed fracture in radius how to manage:

- a. Splinter for his hand
- b. Hospitalization and call social worker

Because we are suspecting child abuse.

33. Holding breath spell or holding which of the following is true:

- a. mostly occurs between age 5-10
- b. increase risk of epilepsy
- c. a known precipitant cause of generalized convulsion
- d. diazepam may decrease the attack can occur in absence of emotional upset

Breath holding spells peak at 2 years and abate at 5 years, they do not cause epilepsy but may precipitate convulsion and diazepam has no role.

34. Most common organism causing cellulites in the age 6-24 month:

- a. Streptococcus
- b. Hemophilus influenza
- c. Staph

35. Maximum spinal height is reached after menarche by how many years?

- a. Months .
- b. Two years
- c. Three years

36. A malnourished child with pedal edema and distended abdomen, an enlarged liver with fatty infiltrates, thinning hair, loss of teeth, skin depigmentation and dermatitis. Eyes are also very dry with wrinkled cornea and in anterior chamber there are cells diagnosis is:

- a. Marasmus
- b. kwashiorkor**
- c. cachexia
- d. water intoxication

37. A boy came with his parents for cholesterol level evaluation indication is:

- a. family history of cardiac disease
- b. high BMI 33**
- c. fatty diet

38. Child having scabies ... telling the possibilities to mother in infecting the other children in the house, it transmit through:

- a. personal contact**
- b. Blood
- c. air contaminated
- d. water

39. 2 years old was severely ill, high fever for 2 days, then develop Rashes, Low BP, Tachycardia:

- a. Meningococemia**
- b. Rubella

40. Child having vomiting, nystagmus and difficulty in walking the cause is:

- a. dry beriberi**
- b. wet Beriberi
- c. pellagra
- d. VIT A DEF

41. 12yrs old complain of LL, UL and face edema and other cardiac sym. Dx :

- a. Wet beriberi
- b. Dry beriberi
- c. Vit. A deficiency

42. Child take an unknown medicine and presents in emergency with decreased level of consciousness, pinpoint pupil, urination, diarrhea, diaphoresis, lacrimation, excitation and salivation treatment is

- a. gastric lavage
- b. activated charcoal
- c. atropine
- d. naloxone

Poisoning with a cholinergic drug, thus r/x atropine

43. Patient with DM type 1, present with kussmal breathing and acetone smelling, what is pathophysiology for acetone smelling

- a. insulin deficiency which lead to utilize fatty acid and produce ketone
- b. missed hypoglycemic medications which lead to utilize protein and produce ketone

44. Sickle cell patient with 11 years old, what is true about pneumococcal vaccine:

- a. not recommended for healthy people
- b. not necessary for patient whom there age is under 2years

Both incorrect He must receive 23-valent pneumococcal vaccine because > 2yrs and 7-valent vaccine if he was less than 2 years

45. Child came with hypertrophic right atrium, what is the congenital anomalies lead to this condition

- a. ASD
- b. VSD

46. Female child came with short stature, losing of breast pad, short neck, what is the diagnosis:

a. Turner syndrome

47. DM type 1 with normal vision, how to follow him to check any change:

- a. now and then annually
- b. now and after 3yr
- c. every 5yr

ADA guidelines = for type 1 DM eye screening within 5 years of diagnosis and then annually, while in type 2 DM at the time of diagnosis and then annually.

48. Young child, atopy, Stridor & barking cough mid night resolved spontaneously after few hours. Same attack 6months ago, your diagnosis ?

- a. Asthma
- b. Croup
- c. Spasmodic croup**
- d. Epiglottitis

49. Infant with sickle cell anemia, what's true about prophylaxis?

- a. Infants should take 23-valent vaccine
- b. Children above 2 years take only pentavalent vaccine
- c. even if vaccine taken, if there is contact with ill people child should be given prophylactic Antibiotic**
- d. if not high risk no need for prophylaxis

Below 2 years: 7-valent vaccine

Above 2 years: 23 strain vaccine

50. 2 years migraine, best to diagnose?

- a. MRI brain
- b. CT
- c. Full history and examination**

Pediatrics

51. 6y/o boy present with fever, stridor and O/E show red epiglottitis. Dx:

- a. haemophilus influenza type b
- b. meningococcus
- c. staphylococcus
- d. streptococcus

Most common cause of epiglottitis is haemophilus influenza type b

52. Newborn with left eye purulent discharge, redness, edema. culture showed gram -ve diplococci. your TTT ?

- a. IV cephalosporin
- b. IM cephalosporin
- c. Oral fluoroquinolone
- d. Topical sulfonamide

53. CSF in aseptic meningitis?

- a. Low Protein
- b. High glucose
- c. Neutrophils
- d. Lymphocytes
- e. Eosinophils

CSF in aseptic meningitis: normal glucose, normal-high protein, and predominant lymphocytes.

54. 5 y.o child with hx. of fever and swelling of the face anterior to the both ears (parotid gland enlargement) what is the diagnosis :

- a. mumps
- b. parotid tumor

55. pt with hx of URTI now having post glomerulonephritis symptom most diagnostic test :

- a. Low Complement

Post strept GN : low C₃

56. 3 days old baby HBV positive what is your action

- a. one dose immunoglobulin and vaccination
- b. immunoglobulin
- c. three doses HBV vaccine

If the newborn is HbsAg +ve no need for vaccination or prophylaxis.

If the mother is HbsAg +ve, the newborn should receive vaccination + Hepatitis B immunoglobulins.

57. Child with Hx of sore throat 5 days – fever- O/E: red enlarged tonsils with white plaque with erythematous base associated with gingivitis Diagnosis?

- a. EBV
- b. Adenovirus
- c. Herpes simplex virus

58. Kid with dark urine, dark brown stool, positive occult test. What to do:

- a. Isotope scan
- b. Abdomen US
- c. XRay

(Incomplete question)

59. Baby with face cellulitis and erythema what is the causative organism:

- a. H influenza type b

H.influenzae causes facial cellulitis, but due to widespread vaccination some references say that now infection with Group A streptococcus is more common.

60. boy pt DX as a case of UTI, causative organism:

- a. e.coli
- b. klebesilla

61. All of the following are live vaccines except:

- a. MMR
- b. Oral polio
- c. Varicella
- d. Hepatitis B vaccine**
- e. BCG

62. 6 month old came with sign and symptom or RD " fever, tachypnea, intercostals recession, expiratory wheezing, nasal flare".. best initial management :

- a. Oxygen**
- b. Erythromycin
- c. Bronchodilator

63. Newborn with fracture mid clavicle what is true:

- a. Most cases cause serious complication
- b. Arm sling or figure 8 sling used
- c. Most patient heal without complications**

64. About DPT a scenario:

- a. DPT is not contraindicated during pregnancy
- b. DPT is not contraindicated during breast-feeding
- c. DPT is not contraindicated in school going

All are correct

65. hx of child this brother bit him 3 hares having 1cm laceration . Previous hx of taking booster dose of tetanus ttt. ??

- a. augmentin**
- b. another dose of tetanus

Since the booster dose has been taken then it is not required to take the tetanus vaccine, however, if the vaccine hasn't been taken or 5 years have passed since vaccination a booster dose is indicated.

66. Child with hematuria 15 RBC /hPF , all examination normal ,what is next:

- a. urine cytology
- b. cystoscopy
- c. renal biopsy
- d. repeat urine for RBCs and protein

67. 12 years old boy presents with headache and neck stiffness associated with fever, confusion or altered consciousness, vomiting, and an inability to tolerate light. Other than this there are rapidly spreading petechial rash. The rash consists of numerous small, irregular purple or red spots on the trunk, lower extremities. Treatment is

- a. PENICILLINE
- b. AMPICILLINE
- c. VANCOMYCIN
- d. AMINOGLYCOSIDE

Rx of meningitis from 3 months to 50 years: Ceftriaxone or cefotaxime plus vancomycin/penicillin

68. Parent came with child vomit alter every feed, normal growth parameter what will you do:

- a. reassure the parent

69. 15 yr old boy came to participate in sport team his brother died suddenly while he is walking to his work due to heart problem “, everything in the examination of this boy is normal “ no murmurs , equal pulses in all extremities “ what you should exclude in this pt before he participate in this activity ?

- a. ASD
- b. bicuspid valve
- c. VSD
- d. hypertrophic cardiomyopathy

70. at which age child spoke few words

- a. 12m**
- b. 24m
- c. 36m

71. Young pt with mild intermittent asthma attacks once to twice a week what is best for him as prophylaxis:

- a. inhaled short acting B agonist
- b. inhaled steroid

1-2/week is mild persistent and the prophylaxis will be inhaled steroids
1>/week is intermittent and the prophylaxis will be B2-agonist

72. PIC of child having ulcer near angle of the mouth, bright red in color, 1.5 cm size

- A-fungal infection
- B-impetigo
- C-atopic dermatitis
- D-Angular cheilitis**

73. Female patient came with fatigue and Jaundice. Her CBC shows WBC =9 HGB= 9.5, PLT= 200 and his LFT show total bilirubin =3, direct = 0.9 what is the most likely Dx :

- a. Dubin Johnson syndrome
- b. Gilberts syndrome**
- c. primary sclerosing cholangitis
- d. crigler najjar syndrome type 1

In this case we have indirect hyperbilirubinemia, thus answers (a) and (c) are excluded since they lead to direct hyperbilirubinemia. The correct answer is (b) because (d) is associated with very high levels of total bilirubin.

74. Child having pain in the night esp calf muscles, pain is very severe in the night that child is not able to sleep, it is also associated with tingling and burning sensation, in the day time he is alright, most probable diagnosis is

- a. idiopathic restless leg syndrome**
- b. compartment syndrome
- c. restless leg syndrome
- d. functional disease

75. 15 y.o boy h/o salivary & parotid swelling now came with dry eye, mouth, skin, +ve RF, +ve ANA:

- a. artificial tears and saliva**
- b. NSAIDS
- c. physostigmine
- d. oral fluid

A case of Sjogren's syndrome

76. 9 years old female presented to ER after ingestion almost 20 tablets of OCP and 3 tablets of another medication. She is clinically stable and there was no signs and symptoms. What will you do:

- a. refer her to gynecologist.
- b. refer her to psychiatrist.
- c. toxicology study
- d. no need for intervention.**

In OCP overdose there is no need for intervention if the patient is clinically stable.

77. 10- 5 y/o child is found to have a parent with TB. Tuberculin skin test was done to the child and gave an induration of 10 mm. The interpretation of this test is:

- a. Indeterminate
- b. Negative test
- c. Weak positive
- d. Strong positive**

Pediatrics

78. A female patient considering getting pregnant came asking for chicken pox vaccine (varicella vaccine). You will:

- a. Tell her that this vaccine does not protect pregnant ladies.
- b. Tell her that 1st trimester is not a contraindication.
- c. Ask her to delay her pregnancy at least 1-3 months.
- d. Tell her that the vaccine is a live attenuated bacteria.

Non-pregnant women who are vaccinated should avoid becoming pregnant for 1 month after each injection.

79. 15 years old patient missed his varicella vaccine, what will you give him:

- a. 2 doses 2 weeks apart
- b. 2 doses 6 weeks apart
- c. 2 doses 6 months apart
- d. 3 doses in 6 months

80. 4 Y/O Baby with scenario of ADHD, what is the best treatment in addition to behavioral therapy:

- a. Atomoxetine
- b. Imiramine

Atomoxetine is a SSRI. Psychostimulants e.g. Methylphenidate are also used for ADHD, however, they are not favored in pre-school children.

81. Child with vomiting (not sure bilious), abdominal dissension He passed stool immediately after birth:

- a. hirschsprung's disease
- b. Mid-gut volvulus

82. Newborn 32 week, cyanosed, grunting, flaring of nostrils, the x-ray show diffuse air bronchogram, his mother is diabetic, what is the diagnosis?

- a. Insufficient surfactant
- b. Trechoesphgeal fistula

Respiratory Distress Syndrome (lack of surfactant)

83. Child with DM type 1 associated with

a. HLA DR₄

84. Child came with severe anemia; they're suspecting thalassemia, what's the best diagnostic to confirm:

a. Genetic test

b. Iron study

c. HB electrophoresis

85. Scenario about hemophilia, what's the defect:

a. Clotting factor

86. Gross motor assessment at age of 6 months to be asked is:

a. Sitting without support

b. Standing (9-10)

c. Role from prone to supine position (4)

d. Role from supine to prone position (5)

87. Von-willebrand disease how to treat:

a. fresh frozen plasma

b. factor VIII replacement

DDAVP is also an option in types I and II.

88. Which of the following is describe the normal developmental stage for 6 months old child:

a. Sits without support.

b. Rolls front to back. (4 months)

c. No head lag. (3 months)

d. Stand alone. (9-10)

89. Child starts to smile:

a. at birth

b. 2months

c. 1month

Pediatrics

90. Pediatric patient come with fever and inspiratory stridor, you will:

- a. give amoxicillin and go home
- b. admit him to ICU and call ENT**
- c. do cricothyrotomy

91. A child presented with sore throat. Culture from the throat revealed +ve meningi cocci. The patient is now asymptomatic. Which of the following should be done?

- a. Reassurance
- b. Rifampicin oral for 7 days
- c. IM ceftriaxone 1 dose**
- d. Ceftriaxone oral

To eradicate N.meningitidis :

IM ceftriaxone 250mg single dose

Oral ciprofloxacin 500mg single dose

A 2 day course of oral rifampicin

92. A pregnant woman who is HIV positive wants to know the risk of transmission of the virus to her baby>>the absolute statement that u should give her:

- a. HIV can be transmitted through breast-feeding**

93. Picture, Child with skin lesion at elbow, seen positive wood lamp:

- a. fungal**
- b. bacterial

94. Pt with Kwashiorkor:

- a. high protein & high carbohydrate.
- b. high protein & low carbohydrate.
- c. low protein & high carbohydrate.**
- d. low protein & low carbohydrate.

95. baby with streptococcus pharyngitis start his ttt after two days he improved, Full course of streptococcus pharyngitis treatment with amoxicillin is

- a. 10 days
- b. 7days
- c. 14 days

96. Child with beriberi:

- a. vit b1
- b. vit b2
- c. vit b12

97. A child w Hx of URTI 3 weeks prior to his presentation, his chief complaints now is bilateral knee swelling w redness & pain most likely dx is:

- a. Rheumatoid arthritis
- b. Glomerulonephritis
- c. Rheumatic fever

98. Acyanotic middle age man radiologically come with prominent pulmonary arteries and vascular marking, most likely Dx?

- a. VSD
- b. ASD
- c. Coarctation of the aorta
- d. Truncus arteriosis
- e. Pulmonary valvular stenosis

Acyanotic: VSD ASD PDA AS PS Coarctation

Cyanotic: TOF TGA Tricuspid Atresia

Mixing: Truncus Arteriosus TAPVR HLH

99. Toddler with sever skin itching involving the abdomen hand and face papulo-vesicular

- a. Chicken pox
- b. Dermatitis herpiform

100. Painless lump in neck in child

- a. Hodgkin lymphoma
- b. Pharyngitis
- c. Infectious mononucleosis

101. Case about a child with drooling, fever, cough in sitting position, dx:

- a. Croup (acute tracheolaryngiobronchitis)
- b. Broncholitis
- c. Pneumonia
- d. Acute epiglottitis

In croup; low-grade fever and barking cough is the most prominent sign, while in epiglottitis; high-grade fever, stridor, and drooling.

102. Child shows spiral fracture of arm management

- a. Refer to orthopedic
- b. Open reduction and internal fixation

Spiral fractures in children raise the suspicion of abuse. They difficult in casting and may require surgery.

103. 3 months infant with tachypnea, respiratory distress, x- ray shows lower and mid lobe infiltration, opaque right lung and shifted trachea to left. Responsible organism:

- a. H influenza
- b. Pneumococcus

Pneumonia in this age group is mainly viral, however, if bacterial pneumococcal is one of the most common organisms.

104. Acute diarrhea with epithelial infiltration

- a. E- coli
- b. Salmonella
- c. Cholera
- d. Rota virus
- e. Shigella

105. Most common cause of pediatric failure to thrive

- a. Cystic fibrosis
- b. Psychosocial**
- c. Protein & Milk – intolerance

106. After bite, pediatric patient presented with abdominal pain and vomiting, stool occult blood, rash over buttock and lower limbs, edema of hands and soles, urine function was normal but microscopic hematuria was seen:

- a. Lyme
- b. Henoch-Schonlein Purpura**

107. for the above disorder , which one is considered pathological

- a. gross hematuria
- b. microscopic hematuria
- c. rashes (T) ??**

108. 9 day old infant, presented to well baby clinic, with mild jaundice and yellow scaling on face and chest, otherwise examination normal, on breast feeding, doing well according to mother, what is the cause of his condition:

- a. Breast milk jaundice**
- b. Occult infection.
- c. Hemolysis of hematoma for birth trauma.

Before 24 H is pathological

2nd – 5th day is physiological

During 2nd week is breast-fed

109. 12-years old male found to have hepatitis b surface antibodies:

- a. Previous vaccination**
- b. Previous infection
- c. Active infection.

Only HBsAB = vaccination, however, if HBsAB + core IgG + HBeAB = previous infection

110. Complication of rapid correction of hyponatremia:

a. Brain edema

111. A case of child drink corrosive material, hypotensive, pale, drooling, what to do:

a. establish airway.

b. 2 cups of milk.

c. Gastric lavage

112. Child his mother let him to go to bathroom before sleeping and avoid drinking before sleep this management of:

a. Enuresis

113. Perinatal mortality:

a. Still birth and neonatal death within 6 week not sure

b. Neonatal death in within 1 week.

c. Number of stillbirth and death in the 1st week of life.

114. Child with drooling saliva, stridor, what is the dx:

a. Croup

b. epiglottitis

115. In paracetamol toxicity:

a. Pencilinemia

b. N-acetylcysteine

c. K intake

d. Deferoxamine

116. Kawasaki syndrome:

a. Strawberry tongue

117. Coarctation of aorta all true except:

- a. Skeletal deformity
- b. Upper limb hypertension
- c. Systolic murmur on all pericardium

The systolic murmur of aortic coarctation is best heard posteriorly over the thoracic spine. Musculoskeletal deformities are associated with 25 % of the cases.

118. A child runs for a long distance then develops pain in the thigh with no redness or tenderness, best thing to do is:

- a. elevate the leg and cold compression
- b. splint
- c. surgery

119. First sign in increase intracranial pressure:

- a. Vomiting
- b. Nausea
- c. Ipsilateral pupil constrict
- d. Contralateral pupil constrict

Or altered level of consciousness.

120. Child with vomiting and diarrhea. Mild dehydrated child:

- a. ORS
- b. Antiemetic + ORS

ORS in mild and moderate
IVF in severe

121. Old lady delivered a baby with Clinical feature of down, single palmer creases, epicanthic fold, and wide palpebral fissure:

- a. Trisomy 21

Pediatrics

122. City with 1500 persons, no of 105 births, 5 are stillbirths, 4 die at first month, 2 die before age of one year, perinatal mortality?

- a. 4
- b. 5**
- c. 6
- d. 8
- e. 9

Perinatal mortality = stillbirths + death at 1 week of life, thus the question should mention additional information about those dying at the 1st month (did they die at the first week or not).

123. Child with massive hepatosplenomegaly, blue nodule, neck mass on his Lt. cervical region. What is the next step?

- a. BM aspiration
- b. EBV serology

Massive hepatosplenomegaly + blue nodules = ? Infections (CMV, rubella) or malignancy (neuroblastoma, AML, or LCH).

124. Child with barking cough, stridor, and mild fever 38 Dx:

- a. Croup**

125. Child with cough, runny nose and fever, O/E: tonsillitis ttt:

- a. Paracetamol and throat swab**

126. Child with bla bla bla. X-ray showed (steeple sign):

- a. croup**

127. Mitral stenosis murmur:

- a. Mid-diastolic low pitched rumbling murmur.**

128. Young pt present with excessive fluid intake and polyuria, lab result showing Fasting blood sugar 6.8 mmol/l what is the diagnosis

- a. DM
- b. DI
- c. Impaired fasting blood sugar

129. In cystic fibrosis the genetic defect in:

- a. short arm of human chromosome 7
- b. long arm of human chromosome 7
- c. short arm of human chromosome 17

130. DM1 HLA linked disease associated with which DR:

- a. 4
- b. 5
- c. 6
- d. 7

131. 4years old child what can he do:

- a. Copy square and triangle
- b. Speak in sentences

132. Baby can sit without support, walk by holding furniture. Pincer grasp, pull to stand how old is he

- a. 8 months
- b. 10 months
- c. 12 month
- d. 18 month

133. 18-months old child brought to you for delayed speech, he can only say "baba, mama" what's your first step in evaluating him?

- a. Physical examination
- b. Developmental assessment
- c. Head CT
- d. Hearing test

Pediatrics

134. Child squealed for elective surgery his weight is 22 kg, what is the fluid deficit to give?

- a. 37ml/h
- b. 65ml/h**
- c. 90ml/h
- d. 88ml/h

135. 2 months infant with severe gastroenteritis, vomiting, diarrhea, increase of the skin trigor, depressed anterior fontanel, pale, dry mucous membrane, crying but no tears, what is your management?

- a. aggressive oral rehydration therapy
- b. IV saline**
- c. O.R.S solution given to mother to rehydrate the infant

Severe dehydration.

136. Child has sore throat and enlarged tonsils for the past week, fever, body ache, enlarged spleen. What is the causative organism?

- a. staph aureus
- b. streptococcus
- c. H.influenzae

If EBV present, it could be the most likely. If not, the best is streptococcus Group A

137. 6m baby with mild viral diarrhea, ttt by ORS as

- a. 100 ml/kg for 4 hour then 50 ml/kg /day after
- b. 50 ml/kg for 4 hour then 50 ml/kg /day after
- c. 100 ml/kg for 4 hour then 100 ml/kg /day after
- d. 50 ml/kg for 4 hour then 100 ml/kg /day after

A-Deficit therapy:

- Mild dehydration: 50 ml/ Kg / 4hours.
- Moderate dehydration: 100 ml/ kg /4hours.

B-Maintenance therapy:

- In mild & moderate diarrhea: 100 ml/ kg /day.
- In severe diarrhea: 10-15ml/kg/hour.

138. Marasmus:

- a. Retarded growth & reduced weight

139. Pt. with nephrotic syndrome on ACEi taking rich protein food what do you suspect the result:

- a. Increase serum albumin
- b. Decrease serum albumin
- c. Increase triglyceride
- d. Decrease triglyceride

140. Child come with complain of "barking" cough, stridor, hoarseness, and difficult breathing which usually worsens at night. The stridor is worsened by agitation or crying. What is the diagnosis?

- a. epiglottitis
- b. airway foreign body
- c. subglottic stenosis (angioedema)
- d. laryngotracheobronchitis (croup)

Pediatrics

141. Mother having ANENCEPHALY in her first baby, the chance to have same condition in 2nd baby is

- a. 2%
- b. 10%
- c. 25%
- d. 50%

142. Child with cough – drooling – fever – what is ttt

- a. Secure air way and antibiotics

A case of epiglottitis.

143. Child on amitriptyline 15-mg, the potential ADR that may develop:

The main two side effects that occur from taking amitriptyline are *drowsiness* and a *dry mouth*. It may also cause *hepatotoxicity* and *suicidal thoughts* in children.

144. A child start with waddling gait, what is appropriate investigation:

N.B. waddling gait at start is normal up to approximately 3 years.

145. Infant with erythema in diaper site, ttt:

The treatment of diaper rash is by preventing moisturizing of skin (may be done by drying, powders, and creams), if it is bad & persists antifungal/steroid cream is used.

146. Child pt with sore throat, ear pain, fever, with nodule, what is organism cause this manifestations:

- a. **Streptococcus**

147. Most of vaccine stored in degree of:

a. 2-8 C

Refrigerated vaccines are stored between 2C and 8C, and frozen vaccines between -50C and -15C.

148. 8 month complaining of gastroenteritis loss of skin turgor, sunken eyes, depressed ant. Fontanel his dehydration is:

a. 10%

b. 20%

c. 5%

149. 2 years old child with hair loss in the temporal area and boggy swelling " I think was 3cm <multiple pustules>?

a. Trichotillomania

b. Aplasia cutis congenital

c. Kerion

d. favus

150. ttt to increase fetal Hb in sickle cell disease :

a. Hydroxurea

151. What the best method for prevention diseases:

a. Immunization

b. Teaching individual how to protect them self

152. One of the following is component of TOF?

a. ASD

b. VSD

c. Lt ventricular hypertrophy

d. aortic stenosis

e. tricuspid stenosis

TOF = VSD + PS + Overriding aorta + RVH

Pediatrics

153. 11. 2 months infant with white plaque on tongue and greasy, past h/o chlamydia conjunctivitis after birth treated by clindamycin what is ttt:

- a. Oral nystatin**
- b. steroid
- c. AB
- d. antiviral

154. To prevent infection in neonate:

- a. Wash hand before and in between patient's examinations**

155. 28-week gestation in NICU, 900-gram weight, ABG increase of Pa CO₂ with normal PH, otherwise normal. What is the next step?

- a. give him milk orally
- b. glucose infusion**
- c. broad-spectrum antibiotic

156. Contraindication of breastfeeding?

- a. Asymptomatic HIV**
- b. Hep C

157. Best stimulus for lactation?

- a. Breastfeeding**

158. Mother has baby with cleft palate and asks you what is the chance of having a second baby with cleft palate or cleft lip?

- a. 25%
- b. 50%
- c. 1%
- d. 4%**

159. Case scenario pleural effusion, cardiac effusion with low protein, LDH, what is the cause?

- a. Tuberculosis
- b. heart failure**

160. Which toxicity u will rush to the baby to hospital A.S.A.P :

- a. Tac toxicity
- b. Quinine toxicity ??**

161. Child malnutrition low protein + no edema:

- a. kwashiorkor
- b. marasmus**

162. Child rash spread quickly + fever + drowsiness:

- a. Rubella**
- b. Measles
- c. Other names

163. Newborn has vomiting after every meal intake. The examination revealed mild dehydration. No other clinical signs. No tests ordered yet. What is your next step?

- a. Order abdominal CT
- b. Reassure the pt.
- c. Refer to GS**
- d. Discharge on ORS

164. What is the causative organism of infectious mononucleosis?

- a. EBV**

165. Child swallowing battery in the esophagus management :

- a. bronchoscope
- b. insert fly catheter
- c. observation 12hrs
- d. Remove by endoscope**

Pediatrics

166. Child pt. came with scenario of chest infection, first day of admission he treated with cefotaxime, next day, pt state became bad with decrease perfusion and x-ray show complete rt. Side opcifaction + hydrothorax, causative organism:

- a. Strepto. Pnem ??**
- b. Staph. Aureus true if pneumothorax
- c. Hemophilus influenza type b

If pseudomonas is an option choose it because cefotaxime has no anti pseudomonal activity.

167. Case infant has genital rash (the rash spares genital fold) not response to antibiotics, most likely Dx;

- a. candida albicans
- b. napkin dermatitis**
- c. contact dermatitis
- d. atopic dermatitis
- e. Seborrheic dermatitis

168. 13 years old child with typical history of nephritic syndrome (present with an urea, cola color urine, edema, HTN) what is the next step to DX:

- a. renal function test
- b. urine sediments microscope**
- c. US
- d. renal biopsy

169. Female pregnant has HIV +ve, what is the most accurate information to tell her about risk of transmission to baby;

- a. Likely transmission through placenta
- b. Through blood cord**
- c. Hand contamination of mother
- d. By breast feeding

Most common mode is during delivery.

170. The best way to reduce the weight in children is:

- a. Stop fat intake
- b. Decrease calories intake
- c. Drink a lot of water
- d. Decrease CHO
- e. Multifactorial intervention with family**

171. Infant born with hemangioma on the right eyelid what is appropriate time to operate to prevent amyopia:

- a. 1 day
- b. 1 week**
- c. 3 months
- d. 9 months

172. You r supposed to keep a child NPO he's 25 kgs, how much you will give for maintenance:

- a. 1600 ml.**

173. Case infant, hepatosplenomegaly, and jaundice, what is the dx?

- a. Congenital CMV**

174. Newborn came with red-lump on left shoulder, it is:

- a. Cavernous Hemangioma**

175. Infant newly giving cow milk in 9 months old, closed posterior fontanel, open anterior fontanel with recurrent wheezing and cough, sputum examination reveal hemoptysis, x-ray show lung infiltration, what is your action:

- a. diet free milk
- b. corticosteroid**
- c. antibiotics

? Infantile Pulmonary Hemosiderosis

Pediatrics

176. One months infant brought by his mother complain of bilious vomiting, constipation, and abdominal pain. Diagnosis by:

? Duodenal atresia, but the onset is late. Other DDx. mid-gut volvulus, NEC

179. Child with posing head, bowing tibia, rickets, what is the Deficiency:

a. vit D deficiency.

180. Infant in respiratory distress, hypercapnia, acidosis & have rhinitis, persistent cough +ve agglutination test & the doctor treat him by ribavirin DX:

a. Pertussis

b. RSV

181. 5yrs child have congested throat 2 day, complain of painless, clear DX:

a. foreign body

182. Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver: DX

a. infectious mononucleosis

183. Child with fever, runny nose, conjunctivitis, and cough then he developed Maculopapular rash started in his face and descend to involve the rest of the body:

a. EBV

b. Coxsackie virus

c. Rubella virus

d. Vaccini virus

The scenario suggests measles also if present as an option.

184. Child with asthma use betamethazone, most common side effect is

- a. increase intraocular pressure
- b. epilepsy
- c. growth retardation

185. Baby with streptococcal pharyngitis:

- a. Ttt after 9 days carries no risk of GN
- b. Ttt effective in prevention of GN
- c. Clindamycin effective against gram -ve organisms

Treatment course is usually 10 days, and clindamycin is effective against anaerobes.

186. Malaria in a child:

- a. crescent shape gametocyte of vivax is diagnostic in the stool
- b. the immediate ttt primaquine for 3 d
- c. 72h ttt of malaria is sufficient
- d. the most common cause is falciparum

187. scaly purple lesions in the face of a child the cause

- a. staph. aureus
- b. beta haemolytic
- c. streptococci ??
- d. H.influenza

188. Child with wheezing cough dyspnea with recurrent symptoms presented this time with same symptoms plus hemoptysis chest bilateral infiltration and sputum analysis show blood recently shifted from breast feeding to cow milk hx of dermatitis immediate management:

- a. Sodium
- b. cormoclgate
- c. Corticosteroid
- d. Antibiotic
- e. Milk free diet

189. 6 years old child presents with straddling gait and inability to stand or walk without support, he is irritable with vomiting 3 times, he has a history of chickenpox 3 weeks ago. O/E all are normal except resistance when trying to flex the neck, what is the most likely diagnosis:

- a. Friedrich's ataxia
- b. Acute cerebellar ataxia
- c. Meningoencephalitis**
- d. Gullian Barre syndrome

190. 9year old boy cam to PHC with URTI and swap was taken and sent home, after 5 days the result was Group A streptococcus and then you called the family and they told you the boy is fine and no symptoms whats you next step:

- a. Give Ceftixim IM one dose
- b. Penicillin for 7 days
- c. Penicillin for 10 Days**
- d. Do Nothing

191. A boy with nocturnal enuresis. Psychotherapy failed to show results you will start with:

- a. Imipramine and vasopressin**
- b. clonidine and vasopressin
- c. clonidine and guanfacine
- d. Imipramine and guafacine

192. In newborn exam, what is more dangerous?

- a. hydrocele
- b. absent femoral pulses**
- c. CHD

193. 8 years old boy has a height of a 6 year old and a bone scan of 5.5 years. DX?

- a. Steroids
- b. Genetic (constitutional)
- c. Hypochonroplasia
- d. Hypothyroidism

?? All (a), (b), and (d) are acceptable

194. 4 y/o boy fell down his mother pulled him by his arm & since then kept his arm in pronation position what is your management:

- a. Splint
- b. Do x-ray for the arm before any intervention**
- c. Orthopedic surgery

195. k/c of SCA, have URTI, then suddenly have chest pain, lobar infiltrate, WBC 18000, Hg 7, fever what is the cause for his condition:

- a. Mostly ACS**

196. What is the 1st line of treatment in a case of juvenile rheumatoid arthritis?

- a. Acetaminophen
- b. Ibuprofen**
- c. Codeine
- d. Methotrexate
- e. Prednisone

197. Child is ill with fever, abdominal pain & pass bloody mucus, obstructive pattern, next?

- a. Barium enema**

Pediatrics

198. Child fell on her elbow and had abrasion, now swelling is more, tenderness, redness, swelling is demarcated (they gave dimensions) child has fever. Dx:

- a. Gonoccal
- b. Arthritis
- c. Synovitis
- d. Cellulitis of elbow

199. 3 years old presented with shortness of breath and cough at night which resolved by itself in 2 days. He has hx of rash on his hands and allergic rhinitis. He most likely has:

- a. bronchial asthma

200. Child with mild Thrombocytopenia develop hemoarthrosis, in past hx similar episode Dx

- a. Thrombocytopenia.
- b. Factor 8 deficiency.

201. Child on supplementation, coming with nausea, vomiting & diarrhea with black emesis, you suspect a toxicity of:

- a. IRON

202. Child with enuresis which investigation is important

- a. Urinalysis is the most important screening test in a child with enuresis

203. Birth, 3 died within months, 2 died before their 1st birthday, with 750 come out & 250 come in what is the birth mortality rate in this city:

- a. 4
- b. 6
- c. 8
- d. 9

There is nothing-called birth mortality rate, however, I think it is asking about Infant Mortality Rate, which is total number of deaths < 1 year divided by total number of live births * 1000

204. Child severely ill and fever for 2 days, anorexia, nausea, vomiting then petechial rash appears in trunk and spread in the body?

- a. Measels**
- b. Meningococcal meningitis.
- c. Mountain fever

205. What is the most common malignant parotid tumor in children?

- a. Mucoepitheloid carcinoma**
- b. Adenocarcinoma
- c. Undifferentiated CA
- d. Undifferentiated sarcoma

206. pt diagnosed with EBV and discharged a few days later he came to ER and when taking hx he become tachycardia and hypotensive what you will do:

- a. Fluid management ?**
- b. Urgent abdomen CT
- c. IV antibiotic with fluid

207. 3 old pt with 2 years bone pain, lethargy, fatigue, waddling gait, came with table show high calcium and high phosphorus;

- a. osteoporosis
- b. osteomalacia
- c. paget disease of bone
- d. metastases prostate cancer
- e. paraneoplastic syndrome?**

This pattern of serum levels (high calcium & phosphorus) makes (A), (B), and (C) unlikely. (D) is unlikely at this age group, thus the most likely answer is (E) → by exclusion.

208. Child 9-month hx of congenital heart disease central and peripheral cyanosis Dx?

- a. Tetralogy of fallot**
- b. Coarctation of aorta
- c. Truncus arteriosus
- d. ASD

209. Infant 48hs in ICU with jaundice mother healthy with previous term pregnancy what is the most likely the cause

- a. Sick cell diseases
- b. Thalassemia
- c. Maternal – fetal blood mismatch**
- d. Hereditary genetic disease

210. A child with congestive heart failure and several hemangiomas on the body. The most likely place for the hemangioma is:

- a. Liver**
- b. Spleen
- c. Intestine
- d. Pancreas

The liver is the most common site of visceral hemangiomas.

211. The separation of chromatid occur in:

- a. Anaphase**
- b. Metaphase
- c. Telophase

212. A baby with blood in the stool and bough of crying and x-ray shows obstructive pattern. It looks like intussusception you will do:

- a. Surgery
- b. Barium enema**
- c. Observation
- d. Give IV fluids and let obstruction solve itself

213. A child 3 years old fell from the bed vomited twice and has mild headache and no loss of consciousness. What will you do?

- a. Call for neurologist
- b. Send home with close observation
- c. CT scan
- d. MRI

214. 6 months female, come to you with UTIs history in the last 3 months, what is your advice:

- a. wipe from behind to front after defecation
- b. take a bath instead of shower
- c. increase fluid intake

215. Repeated Q about baby who can name 4 colors. His age is:

- a. 48 months (4 years)

216. The most common cause of epistaxis in children is:

- a. Nasal polyps
- b. Self induced

217. One of the following manifests as croup:

- a. Foreign body
- b. Pneumonia
- c. Common cold
- d. Asthma

218. Child with whitish plaque on teeth, hx of milk bottle in mouth during night, Dx:

- a. Herpetic gingivostomatitis
- b. Milk caries
- c. Congenital syphilis

219. Child with Hx of malaise, conjunctivitis, and whooping cough for 2 days:

- a. pertussis

220. A boy with rheumatic fever:

- a. Antibiotic prophylaxis before future dental procedures.**
- b. 2 Blood cultures and presence of Osler nodes are diagnostic according to Duke's criteria.
- c. Duke's criteria isn't dependable for the diagnosis.
- d. 1 blood culture + new murmur are diagnostic.

221. On examination of newborn the skin shows papules or (pastules) over erythema base:

- a. transient neonatal pustular melanosis
- b. erythema toxicum neonatorum**

222. 17 y.o, she missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do:

- a. Give her double dose vaccine
- b. Give her the second dose only
- c. Revaccinate from start**
- d. See if she has antibody and act accordingly

The varicella doses should be 4-8 weeks apart.

223. Which are live bacterial vaccines:

- a. MMR
- b. Oral plio
- c. Varicella
- d. Hepatitis B vaccine
- e. BCG**

224. Patient around his nose there are pustules, papules and telangiectasia lesions. The diagnosis is:

- a. Rosacea**

225. Most common tumor in children

Leukemia, followed by brain tumors.

226. Most common cause of cellulitis in children is?

a. Group A streptococcus

The most common cause of cellulitis is S.aureus then strep. Group A. Group B Streptococcus cellulitis occurs in infants younger than 6 months.

227. Baby c/o fever, chills, rigors and head rigidity +ve kerning's sign rash on his lower limb diagnosis

a. Meningococcal meningitis

228. Celiac disease involves:

a. Proximal part of small intestine

b. Distal part of small intestine

c. Proximal part of large intestine

d. Distal part of large intestine

229. pt child with back pain that wake pt from sleep

So diagnosis

a. Lumbar kyphosis

b. Osteoarthritis

c. RA

d. Scoliosis

230. Child with papule vesicles on oropharynx and rash in palm and hand so diagnosis is?

a. CMV

b. EBV

c. MEASLES

d. RUBELLA

231. Mother who is breast-feeding and she want to take MMR vaccine what is your advice:

a. Can be given safely during lactation

b. Contain live bacteria that will be transmitted to the baby

c. Stop breast-feeding for 72 hrs after taking the vaccine

Pediatrics

232. Most common chromosomal abnormality:

- a. Down's syndrome (trisomy 21)
- b. Turner's syn.
- c. Klienfilter's syn.

233. Baby having HIV, which vaccination shouldn't be given to him:

- a. Oral polio

Polio, varicella, MMR, BCG and oral typhoid (live attenuated vaccines) are contraindicated in immunodeficiency patient

234. About management of epiglottitis (baby w cough, resp. distress, drooling of saliva, inability to eat or drink, on exam congested larynx). Rx:

- a. Consult ENT
- b. Admit the patient immediately
- c. IV hydrocortisone

It is emergency case need transferred to OR with intubation or tracheostomy with given AB (third generation)

235. A patient presented with fatigue, loss appetite & bloody urine. She gave a history of sore throat 3 weeks back. The most likely diagnosis is:

- a. hemorrhagic pyelonephritis
- b. Post streptococcal GN
- c. Hemorrhagic cystitis
- d. Membranous GN
- e. IgA nephropathy

236. A young girl pt had URTI 1 week ago & received septra (trimethoprine + sulphamethoxazole). She came with crampy abdominal pain & proximal muscle weakness. The diagnosis is:

- a. Polymyositis
- b. Gullian parre syndrome
- c. Intermittent porphyria**
- d. Periodic hypokalemic paralysis
- e. Neuritis

237. A child presented with dysphagia, sore throat, postnasal drip, drooling of saliva, rhonchi & fever of 38.5oc. The treatment is:

- a. Hydrocortisone injection immediately
- b. Call otorhinolaryngology for intubation**
- c. Admit to ICU
- d. Give antibiotics & send him home

Case of Epiglottitis

238. A baby came complaining of croup, coryza, air trapping, tachypnea & retraction. The best management is:

- a. Erythromycin
- b. Penicillin
- c. Ampicillin**
- d. ...

Third-generation cephalosporin or amoxicillin/clavulanic acid are the best antibiotics to be used. Ampicillin could be used If with salbactam

239. Pregnant (28 week) she sit with child , this child develop chickenpox , she come to you asking for advice , you found that she is seronegative for (varicella) antibody , what will be your management :

- a. Give her (VZIG) varicella zoster immunoglobulin
- b. Give her acyclovir
- c. Give her varicella vaccine
- d. Wait until symptom appear in her

240. 9 days old neonate is brought by his mother for check up. He was delivered by spontaneous normal vaginal delivery without complications. Birth wt was 3.4 and his birth wt now 3.9. He is sucking well and looks normal except for jaundice. What's your diagnosis?

- a. Physiological jaundice
- b. Breast milk jaundice
- c. Criglar najar syndrome
- d. ABO incompatibility

241. DPT vaccine shouldn't given if the child has:

- a. Coryza
- b. Diarrhea
- c. Unusual cry
- d. Fever = 38

Contraindications to DTP include

- An immediate anaphylactic reaction
- Encephalopathy within 7 days
- Seizure within 3 days of immunization
- Persistent, severe, inconsolable screaming or crying within 3 days
- Collapse or shock-like state within 48 hours
- Temperature $\geq 40.5^{\circ}\text{C}$ (104°F), unexplained by another cause

242. A 2 years old boy with coryza, cough, and red eyes with watery discharge (a case of measles). What is the most likely cause of the red eyes is:

- a. Conjunctivitis ==> The 4 C's of measles**
- b. Blepharitis

The four C's are: conjunctivitis, coryza, cough, and Koplik's spots.

243. Child Patient with continuous murmur:

- a. PDA**
- b. Coarctation of Aorta

244. 2 months old with scaling lesion on scalp and forehead, Dx:

- a. Seborrheic Dermatitis**
- b. Erythema multiforme

245. 13 years old with hx of pneumonia and managed with abx 2 weeks back, now he came with diarrhea, abdominal pain, and +ve WBC in stool, the causative organism is:

- a. Clostridium difficile**

This is a case of pseudomembranous colitis.

246. Baby with white papules in his face what is your action:

- a. Reassure the mother and it will resolve spontaneously**
- b. Give her antibiotic

Erythema toxicum case

247. Child has pallor, eats little meat, by investigation: microcytic hypochromic anemia. What will you do?

- a. Trial of iron therapy**
- b. Multivitamin with iron daily

248. The cardiac arrest in children is uncommon but if occur it will be due to primary:

- a. Respiratory arrest**

Pediatrics

249. After doing CPR on child and the showing asystole:

- a. Atropine
- b. Adrenaline**
- c. Lidocane

250. 2 years old baby with gray to green patch in lower back, no redness or hotness, diagnosis is

- a. child abuse**
- b. no ttt need
- c. bleeding tendency

251. 6 month old boy with fever you should give antipyretic to decrease risk of

- a. febrile convulsion**
- b. epilepsy
- c. disseminate bacteria

252. 10 year-old boy withto tell that spinal cord length will stop after:

N.B. In children up to L₃, In adults up to L₁

253. Hematological disease occurs in children, treated with heparin and fresh frozen plasma what is the disease:

- a. Hemophilia A
- b. Hemophilia B
- c. Von-wille brand disease
- d. DIC thrombosis**

254. Chicken pox virus vaccine in a lactating lady?

- a. Give the vaccine.**

255. 2 years child comes with sore throat, the most common organism is?

- a. Group A streptococci**

Most common cause is virus but MCC of bacterial is Group A Strept

256. Three years child present with diarrhea with blood & mucus for 10 days on investigation no cyst in stool examination, the most common cause:

- a. Ulcerative colitis
- b. Giardiasis
- c. Rotavirus

Ulcerative colitis: chronic diarrhea

Giardiasis: there should be cysts or trophozoites in stool

Rotavirus causes severe watery diarrhea, vomiting, and low-grade fever

So, proper answer would be shigella/E.coli

257. 6 years old with cyanosis, at 6 months similar attack best investigation

- a. Pulmonary function test

258. Baby with Asthma wheezing, cannot take good breathing, what is the initial management:

- a. Oxygen
- b. Bronchodilator
- c. theophyllin

259. Baby Apgar score 3 what to do first:

- a. O₂
- b. Lung expansion
- c. CPR

0-3 immediate resuscitation

4-7 possible resuscitation and need observation and ventilation

8-10 good cardiopulmonary adaptation

260. Baby with abdominal pain, vomiting, and rash over buttock

- a. Henoch schlein purpura

Pediatrics

261. Cow milk differ from mature human milk that it's contain more:

- a. Protein**
- b. Cho
- c. Iron
- d. Fat

262. Child recognize 4 colors, 5 words, hops on one foot, consistent with which age:

- a. 12 months
- b. 24 months
- c. 36 months**
- d. 18 months

Note: 3 or 4 years

263. Intellectual ability of a child is measured by

- a. CNS examination**

264. A patient with celiac disease should avoid all the following except:

- a. rice & corn**
- b. oat
- c. wheat
- d. gluten

265. Eight years old child with late systolic murmur best heard over the sternal border, high pitch, and crescendo decrescendo. The diagnosis is:

- a. Physiological murmur .
- b. Innocent murmur .
- c. Ejection systolic murmur .
- d. Systolic regurgitation murmur .

266. A 4 years old child what can he do?

- a. Copy square and triangle**
- b. Speak in sentences

267. A patient in a crowded area and has pneumonia which vaccine you will give

- a. hemophilus influenza
- b. Meningococcal vaccine**

268. A child is having a croup early morning, the most common cause is:

- a. Post nasal drip**

269. Which infection passes through breast milk?

- a. HIV**

270. A child presented with erythematous pharynx, with cervical lymph nodes and rapid streptolysin test negative and low-grade fever with positive EBV. What is the next step?

- a. give antibiotics and anti pyretic
- b. give anti pyretic and fluids**
- c. do culture and sensitivity

271. A child with inferior thigh swelling and pain but with normal movement of knee, no effusion on knee what the important thing to do;

- a. blood culture
- b. ESR
- c. ASO titer
- d. aspirate from knee joint
- e. plain film on thigh**

272. 3 year old boy with acute UTI, first thing to do in such acute thing ;

- a. Indwelling foley catheter drain
- b. voiding cystourethrogram**
- c. cystoscopy

Pediatrics

273. 20 day old infant present with yellowish mucus color and pale stool, the mother gave history of physiological jaundice. Investigation shows high conjugated bilirubin? What is the cause?

- a. Biliary atresia
- b. G6PD

274. Contraindications for Ipecac syrup

Ipecac is contraindicated in conditions like unconsciousness, poisoning with corrosive agents, ingestion of petroleum distillates, ingestion of CNS stimulants, and antiemetic poisoning. It is used as an at home emetic, and no longer recommended to be used

275. 36 year old female postpartum, not immunized for Mumps, she is lactating, Wondering whether she can take the vaccine or not, what will you do:

- a. You will give her the vaccine and continue breastfeeding
- b. Continue breastfeeding 72 hours post the vaccine dose
- c. Give her the vaccine and stop feeding

276. Boy with stunted growth, investigation revealed Hg: 8, WBC: 10000, PLT: 450000, (I forget rest of scenario but it goes with iron deficiency anemia) dx:

- a. Iron deficiency anaemia.
- b. Thalassemia.
- c. Sickle cell anaemia.
- d. Leukemia.

IDA hypochromic microcytic anemia with increased RDW and low ferritin

Thalassemia is hypochromic microcytic anemia with normal RDW

278. Cellulitis in neonate mostly caused by

- a. Streptococcus B hemolytic

279. 2 year old child come with bronchiolitis and cyanosis best initial treatment is

- a. O₂**
- b. antibiotics
- c. corticosteroids

Epinephrine nebulizer is the first line of treatment. Antibiotics and steroids have no role

280. A pediatric patient brought by her parents complaining of vaginal discharge, what is the cause:

- a. Foreign body**
- b. gonorrhea
- c. trachomatis

MCC of vaginal discharge in pediatric patients is FB

281. Infant brought by the mother that noticed that the baby has decreasing feeding, activity and lethargic. On examination febrile (39), tachycardic, his bp 75/30, with skin rash. DX:

- a. Septic shock**

282. The most common cause of croup is:

- a. Parainfluenza**
- b. Influenza

283. Lactating women infected with rubella:

- a. MMR
- b. Stop lactation
- c. Maternal rubella is not a contraindication for lactation**

284. Baby born & discharge with his mother, 3weeks later he started to develop difficulty in breathing & become cyanotic what is most likely DX :

- a. VSD
- b. Hypoplastic left ventricle**
- c. Coarctation of aorta
- d. Subaortic hypertrophy

Hypoplastic left ventricle syndrome

285. Q51/ Child with mild trauma develop hemoarthrosis, in past hx similar episode Dx

- a. Platelets dysfunction
- b. Clotting factor deficiency**

286. 2 months old child complaining of spitting of food , abdominal examination soft lax, occult blood – ve , what you will do ?

- a. Reassure the parents**
- b. Abd CT

Case of regurgitation which normal in infancy and newborn

287. A child presented to the opd with his parents complaining of Tonic-clonic seizures. The parents gave a Hx of Febrile convulsions, what would u prescribe for him:

- a. Phenobarbital
- b. Diazepam**
- c. phenytoin
- d. clonazepam

288. A child was going for oral surgery during examination a 2/6 murmur was detected, continuous; changes with position (innocent murmur) so:

- a. Do the surgery and then give him antibiotic.
- b. give a prophylactic antibiotic and then do the surgery
- c. consult a cardiologist ?
- d. should do more investigation about the murmur

Innocent murmur is physiologic murmur present normally due to change in blood flow rate during the growth. It is changed with position because change in venous return. It is no need for antibiotic prophylaxis prior or after surgeries.

289. Newborn with 300 bpm, with normal BP, normal RR, what do you will do for newborn:

- a. Cardiac Cardioversion
- b. Verapamil
- c. Digoxin
- d. Diltiazem IV

After reviewing the references it appears that the drug of choice is adenosine in a neonate with tachycardia & hemodynamic stability. However, adenosine isn't an option here so ????

290. 5 years old child diagnosed as UTI, best investigation to exclude UTI comp:

- a. Kidney US
- b. CT
- c. MCUG
- d. IVU

Pediatrics

291. 2 years old child presents with continuous hematuria. UA showing RBC 15/cm³, patient not known to have any medical illness, what is next?

a-I.V pyelogram

b-UA

c-renal biopsy

d-cystoscope

To look for proteins & RBC casts.

292. 4 or 5 (not sure) brought by his parents with weight > 95th percentile, height < 5th percentile & bowing of both legs what is the appropriate management:

a. Liver & thyroid function tests

b. Lower limb X-ray

c. Pelvis X-ray

d. Thyroid function test

293. Which of the following is true regarding German measles (Rubella)

a. incubation period 3-5 days (wrong)

b. it starts with high grade fever in adult only (probably correct check other answers first)

294. Child presented with 2 months history of painful joints associated with decrease range of motion, on exam the T=38 and he had a macular rash >1cm over his arms, Dx:

a. infective arthritis

b. Juvenile Rheumatoid Arthritis.

JRA is more likely because the presentation is polyarticular and with systemic manifests (rash).

295. About Kernicterus, all are true except:

a. Can occur even if neonate is 10 days old.

b. It causes reversible neurological abnormalities.

c. Can cause deafness.

d. All types of jaundice cause it.

296. Scenario which I forgot most of its details: a child with urine smells like burned sugar, Dx:

a. Maple syrup disease.

b. Phenylketonuria.

297. Which of the following malignancies is most common in childhood?

a. Wilm's tumor

b. Retinoblastoma

c. Melanoma

d. Acute lymphoblastic leukemia (ALL)

e. Osteosarcoma

Psychiatry

1. 4 Y/O Baby with scenario of ADHD, what is the best treatment in addition to behavioral therapy:

a. Atomoxetine

b. Imiramine

2. Man walking in street and saying bad words to strangers, he is not aware of his conditions, what is the description:

a. flight of ideas

b. insertion of idea

c. Perseveration

d. loosening of association

3. Patient loss his wife in the last 4 months, he looks sad cannot sleep in the last 2 days, which medication can help him:

a. Lorazepam

b. Diazepam

c. SSRI.

4. 46 Y male, c/o early ejaculation, inability to sustained erection, he believes his 26 years of marriage is alright, his wife ok but unorganized, obese. Doctor confirms no organic cause. He look thin, sad face, what's ttt:

a. SSRI

b. Sublingual nitrate 6 h before

c. testosterone injection

5. Teacher, complain of panic, this after mistake in classroom, he know it must be useful in future day, c/o: sweating, tachycardia, and tightness:

a. benzodiazepam

b. SSRI

c. social phobia

6. pt told you the refregator told him that all food inside poisoning:

- a. Auditory hallucination
- b. Delusion
- c. Illusion

7. A young girl who become very stressed during exams and she pull her hair till a patches of alopecia appear how to ttt:

- a. Olanzapine
- b. Fluoxetine

This is a case of trichotillomania. It could be treated either with clomipramine (1st line) or Fluoxetine (2nd line).

8. What's true about antipsychotics?

- a. Predominantly metabolized in the liver
- b. Carbamazepine as a single dose is better than divided doses

9. Female presented with thirst and polyurea all medical history is negative and she is not know to have medical issues. She gave history of being diagnosed as Bipolar and on Lithium but her Cr and BUN are normal. What is the cause of her presentation

- a. Nephrogenic DI
- b. Central DI

10. Panic attack, palpitation and sever anorexia treated with:

- a. SSRI
- b. TCAs

11. What is the best management for binge eating disorder?

- a. Cognitive behavioral therapy
- b. Problem solving therapy
- c. Interpersonal therapy

12. A man who is thinking that there is Aliens in his yard although that he knows that Aliens are not existing but he's still having these thoughts especially when he is out of home he is afraid to die due to that. Dx

- a. obsession**
- b. delusion
- c. hallucination
- d. illusion

It is not a delusion because delusions are fixed beliefs but here he knows that they don't exist.

13. The most common side effect of antipsychotics

- a. Alopecia
- b. Weight gain**
- c. Hypotension
- d. Constipation

14. 26 y/o pt. k/c of depression taking (citalopram) for depression, presented with ingestion of unknown drug. On investigation she was found to have metabolic acidosis and anion gap 18; what is the most likely drug she ingested??

- a. Paracetamol
- b. Aspirin**
- c. Citalopram
- d. Amitriptyline

15. Patient on Amitriptyline 30 mg before bedtime wakes up with severe headache and confusion, what's the appropriate action?

- a. Shift him to SSRI's
- b. Change the dose to 10 mg 3 times daily**
- c. Continue on the same

16. Acute onset of disorientation, change level of conscious, decrease of concentration, tremor, he mention that he saw monkey! He was well before what's the diagnosis:

- a. Parkinson dementia
- b. Schizophrenia
- c. Delirium**
- d. Delusion disorder

17. What feature of schizophrenia suggest good prognosis?

- a. Family history of schizophrenia.
- b. Gradual onset.
- c. Flat mood.
- d. Prominent affective symptoms.**
- e. No precipitating factors.

18. Why SSRI are the first line of ttt in major depression

- a. Less expensive
- b. Most tolerable and effective**
- c. To differentiate between psychosis and depression

19. Most common cause of sleeping in daytime is:

- a. Narcolepsy**
- b. Mood disturbance
- c. General anxiety disorder

N.B. Most common causes are: sleep deprivation, OSAS, and medications which are not present here as options.

20. Pt. chronic depression, now you are starting ttt. Paroxetine (paxil) you told the pt:

- a. Need 3 or 4 week to act**
- b. Side effects

21. Patient exaggerate his symptoms when people are around:

- a. Somatization
- b. Malingering**
- c. Depression

22. Q about drug of choice in general anxiety disorder (name of the drug)

a. SSRI

23. Old pt, his wife died, depressed, loss of interest, loss of appetite, for 6 weeks, and feeling guilty, because he didn't take her to a doctor before her sudden death, and thinking of he is the responsible for her death:

a. Bereavement.

b. Depressive disorder.

c. Adjustment disorder with depression.

24. What is the effective half-life of fluoxetine?

a. 2 hours

b. 18 hours

c. 2 days

d. 6 days

e. 8 days

25. Which of the following treatment should be give in maintenance bipolar:

a. valproate

b. lithium

c. olanzapine

26. Scenario for child transfer from city to another city, and he go to school, he is not good psychology (I miss what he have) what is the DX:

a. Adjustment disorder

27. A patient improves with antidepressants, so the suicide risk is:

a. greater

b. less

c. same

28. School boy, obese, mocked at school, he DESIRES to take pill to sleep and never wake up again, what to do:

- a. Refer him immediately to mental professional
- b. Give fast working antidepressant
- c. Tell him he will grow
- d. Advise healthy food

29. Major depression disorder treatment

- a. Escitalopram

30. ttt. of alcoholic withdraw

- a. Benzodiazepam

31. Best initial antidepressant:

- a. SSRI

32. Secondary to depression:

- a- Dizziness?
- b. Phobia
- c. Abdominal pain
- d. Tachycardia
- e. Chest pain

33. Concerning depression:

- a. SSRI is associated with 20% risk for sexual dysfunction
- b. venlafaxine can be used safely in severe HTN

34. Main difference b/w dementia and delirium ?

- a. Memory impairment
- b. Level of consciousness
- c. Aphasia

35. Antidepressant how it works

- a. increase serotonin
- b. decrease serotonin

36. 50 years old female with anxiety she had a Hx of an interview about one month ago when she became stressed, anxious, tachycardic, dyspnic and she had to cancel it. She is always trying to avoid that room that she had the interview in it Diagnosis?

- a. Specific anxiety disorder**
- b. Panic disorder
- c. Post traumatic disorder
- d. GAD

37. Patient of depression taken drug witch cause neutropenia, ECG changes

- a. SSRI
- b. Clozapine**

38. Patient of anxiety what is drug for RAPID relief of her symptoms

- a. benzodiazepine**
- b. barbiturates
- c. SSRI
- d. bupropion

39. Patient having major depression and taking medicine for it, after taking medicine she is complaining of insomnia and irritable, which med she is taking

- a. SSRI**
- b. TCA
- c. MAO
- d. ECT

40. pt taking antidepressant drugs works in an office ,, next day when he came ,he told you that he have planned a suicide plan ,, your action is

- a. counseling**
- b. admit to hospital
- c. call to police
- d. take it as a joke

41. Young female, complaining of severe headaches over long period, now she starting to avoid alcohol, not to smoking, doing healthy habits, and she notes that she had improved over her last pregnancy, what you think about her condition?

- a. Biofeedback
- b. She was on b-blocker
- c. Alcohol cessation

42. What is the treatment of mild to severe depression?

- a. SSRI

43. 6months postpartum having hallucination, delusion, disorganized thinking and speech, having social and emotional difficulty, having history of child death 3 months, all of the following should be the possibility except

- a. schizophrenia
- b. schizophreniform disorder
- c. Brief psychotic disorder
- d. schizoaffective disorder

44. Antidepressants associated with hypertensive crisis treatment

- a. SSRI
- b. MAOI
- c. TCA

45. PT having elevated mood state characterized by inappropriate elation, increased irritability, severe insomnia, increased speed and volume of speech, disconnected and racing thoughts, increased sexual desire, markedly increased energy and activity level, poor judgment, and inappropriate social behavior, associated with above pt should have one more symptom to fit on a diagnosis

- a. Hallucination
- b. Delusion
- c. Grandiosity
- d. Delirium

46. Pt with hx of diarrhea, abdominal pain, agitation, headache, dizziness, weakness, pulsatile thyroid, and unsteady gate. Examination was normal. Dx:

- a. Hypochondriasis
- b. Somatization disorder?**
- c. Thyroid Ca
- d. Anxiety

47. Old man psych pt. , has hallucination , aggressive behavior, loss of memory, living without care, urinate on himself, what is next step to do for him ?

- a. Give antipsychotic
- b. Admit him at care center for elderly**

48. Patient taking antidepressant medication now complaining of insomnia what is the expected drug he is taking?

- a. SSRI**
- b. MOA
- c. TCA

49. Alternative therapy for severe depression and resistance to anti-depressant medications are:

- a. SSRI
- b. TCA
- c. ECT**

50. Female had history of severe depression, many episodes, she got her remission for three months with Paroxetine (SSRIs) now she is pregnant your advice

- a. Stop SSRI's because it cause fetal malformation**
- b. Stop SSRI's because it cause premature labor
- c. Continue and monitor her depression#
- d. Stop SSRIs

Psychiatry

51. 30 yr old man cover the TV he said that the government spy him and he said god tell him that as he talk with him through the lamp, dx is:

a. Schizophrenia

52. New married the wife notice her husband go outside then came back to close the door more than 10time also when he take shower ...for long time repeated praying also:

a. OCD

53. pt taking medication and develop symptoms of toxicity: tachycardia, dry mouth, hyperreflexia, dilated pupils and divergent squint. The medication most likely:

a. TCA

b. SSRI

c. Ephedrine

54. Which one of these drugs is not available as emergency tranquilizer in psychiatric clinics?

a. Haloperidol

b. Phenobarbital

c. Lorazepam

55. One of the following is secondary presenting complaint in patient with panic attack disorder:

a. dizziness

b. epigastric pain

c. tachycardia

d. chest pain

e. phobia

56. pt was in the lecture room, suddenly had an attack of anxiety with palpitation and SOB, after this episode she fears going back to the same place avoiding another attack

a. Panic attack

b. Anxiety attack

c. Generalized anxiety disorder

57. Clozapine is used in which childhood psychiatric disease?

- a. Schizophrenia**
- b. Depression
- c. Enuresis

58. Child after his father died start to talk to himself, walk in the street naked when the family asked him he said that his father asked him to do that, he suffer from those things 3 days after that he is now completely normal and he do not remember much about what he did Dx

- a. Schizophrenia
- b. Schizoaffective
- c. Schizophreniform
- d. Psychosis**

59. The best drug used in treating schizophrenia, mania and schizophreniform disorders is:

- a. Risperidone**
- b. Amitriptyline
- c. Olanzapine
- d. Paroxetine

60. Pt. can't go to park, zoo and sport stadium, and her problem:

- a. Agoraphobia**
- b. Schizophrenia
- c. Social phobia
- d. Panic disorders

61. Patient with echolalia, echopraxia, poor hygiene, insomnia, and weird postures. Treatment?

- a. Lithium**

62. Regarding postpartum Psychosis:

- a. Recurrences are common in subsequent pregnancies
- b. It often progresses to frank schizophrenia
- c. It has good prognosis
- d. It has insidious onset
- e. It usually develops around the 3rd week postpartum

63. Obsessive neurosis:

- a. Treatment is easy
- b. Clomipramine doesn't work
- c. Mostly associated with severe depression
- d. Can be cured spontaneously

64. 80 years old living in nursing home for the last 3 months. His wife died 6 months ago and he had a coronary artery disease in the last month. He is now forgetful especially of short-term memory and decrease eye contact with and loss of interest. dx

- a. Alzheimer
- b. Depression
- c. Hypothyroidism

65. Partner lost his wife by AMI 6 months ago, presented by loss of appetite, low mood, sense of guilt, what is the diagnosis:

- a. Bereavement
- b. Major depression episode.

66. A female patient on the 3rd week postpartum. She says to the physician that she frequently visualizes snakes crawling to her baby's bed. She knows that it is impossible but she cannot remove the idea from her head. She says she wakes up around 50 times at night to check her baby. This problem prevents her from getting good sleep and it started to affect her marriage. What is this problem she is experiencing?

- a. An obsession
- b. A hallucination
- c. A postpartum psychosis
- d. A Delusion

67. A case of an old man feels that he's enforced to count the things and he doesn't want to do so:

- a. Obsession
- b. Compulsion

Obsession is the urge and compulsion is the act, so according to the scenario if he performed the act itself = compulsion.

68. Female patient tells you that she hears some one talking to her?

- a. Auditory hallucination

69. Patient known case of Alzheimer's, with psychotic manifestations. How do you treat?

- a. Haloperidol

70. Scenario with patient has fear, SOB, sweating when he is in automobile, the diagnosis is?

- a. panic disorder
- b. generalize anxiety disorder
- c. post traumatic stress disorder

71. TTT of hallucination and delusion?

- a. antipsychotic

72. PTs complaint of loss of association and circumstantiality the defect in:

- a. Form

73. Patient came to you complaining of hearing voices, later he started to complain of thought gets into his mind and can be taken out:

- a. SCZ
- b. Mood
- c. Mania
- d. Agoraphobia

74. A 40 year old man who become sweaty with palpitation before giving a speech in public otherwise he does very good at his job, he is having:

- a. Generalizes anxiety disorder
- b. Performance anxiety**
- c. Agoraphobia
- d. Depression

75. Which of the following with antipsychotic medication have rapid onset of action?

- a. sublingual
- b. oral
- c. IM**
- d. IV

76. A patient who thinks that he has a brain tumor with a long list of symptoms:

- a. Hypochondriasis**
- b. generalized anxiety disorder
- c. depression

77. 13-years-old girl failed in math exam then she had palpitation, tachypnea and paracethesia this is :

- a. hyperventilation syndrome**
- b. conversion

78. Patient has Alzheimer agitative and aggressive ttt:

- a. Haloperidol**

79. The antidepressant used for secondary depression that cause sexual dysfunction:

- a. Sertraline (SSRI)**

80. Before giving bipolar patient lithium you will do all of the following except:

- a. TFT
- b. LFT**
- c. RFT
- d. Pregnancy test

81. A man has excessive worry form germs on his hand

- a. Specific phobia
- b. Agoraphobia
- c. OCD**

82. Hopelessness is an early warning sign for:

- a. Suicide**
- b. Learning disorder

83. A parent complaining that his 6-year-old boy eats paper and clay, what would you do?

- a. Behavioral therapy**
- b. Heat CT
- c. Fluoxetine

84. Adolescent female with eating disorder and osteoporosis

- a. Weight gain**
- b. Vitamin D
- c. Bisphosphonates

85. Psychiatric patient with un-compliance to drug ttt:

- a. depo halopredol injection**

86. Major depression management:

- a. Initial MONOTHERAPY even sever severe depression**
- b. Ttt should be change if no response during 2wk
- c. psychotherapy, medication, and electroconvulsive therapy

87. A man was intent as if he is listening to somebody, suddenly started nodding & muttering. He is having:

- a. Hallucination
- b. Delusion
- c. Illusion
- d. Ideas of reference
- e. Depersonalization

88. A lady with generalized body pains, vertigo, diplopia, vomiting, back pain, abdominal pain for along time, & she sought medical help at many different hospitals where many investigations were done & all were normal. What's the likely dx?

- a. Somatization syndrome

89. pt said that aliens talk to him otherwise he is not complaining of anything...what's the Rx:

- a. antidepressants
- b. antipsychotic
- c. behavioral therapy
- d. chlorpromazine

90. Elderly patient developed disorganized behavior, decreased attention, & impaired memory 12 hours post surgery (aortic femoral popliteal bypass) what's the most likely Dx?

- a. Delirium
- b. alzheimer's dementia
- c. Multi-infarct dementia

91. Female patient manger since short time, become depressed, she said she couldn't manage the conflicts that happen in the work between the employees.

Diagnosis:

- a. Depression.
- b. Generalized anxiety disorder.
- c. Adjustment Disorders

92. Patient before menstruation by 2-3 days present with depressed mood that disappear by 2-3 day after the beginning of menstruation. Diagnosis:

a. Premenstrual dysphoric disorder

93. Female patient presented with parasthesia in the Rt upper and lower limbs, nausea and vomiting after a conflict with her husband. Examination and lab results were normal. Dx:

a. Conversion disorder

94. Pt came to u worried of having CA colon, because his father died from it. He was investigated several times with colonoscopies, which were normal. He is a manager of a company and this affects his work. What's your diagnosis?

a. Obsessive compulsive disorder

b. Hypochondriasis

95. A female pt present to you complaining of restlessness, irritability and tachycardia. Also she has excessive worries when her children go outside home. What's your diagnosis?

a. Panic disorder

b. Generalized anxiety disorder

96. Male pt that is otherwise healthy has depression for 4 months. He retired 6 months ago. O/E: unremarkable except for jaundice. What's your diagnosis?

a. Major depressive disorder

b. Mood disorder due to medical illness

c. Adjustment disorder, depressed type

97. A female pt is complaining of abnormality in her jaw. She was seen by multiple plastic surgeons about this problem, but they didn't interfere because there was no abnormality in her jaw. What's your diagnosis?

a. Body dysmorphic disorder

98. Female pt developed sudden loss of vision (both eyes) while she was walking down the street, also c/o numbness and tingling in her feet, there is discrepancy b/w the complaint and the finding O/E reflexes and ankle jerks preserved, there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action:

- a. Call ophthalmologist
- b. Call neurologist
- c. Call psychiatrist
- d. Reassure her and ask her about the stressors

99. Previously healthy female patient presented to ER with dyspnea, anxiety, tremor, and she breath heavily, the symptoms began 20 minutes before she came to ER, in the hospital she developed numbness periorbital and in her fingers, what you will do:

- a. Ask her to breath into a bag
- b. Take blood sample to look for alcohol toxicity

100. Tyramine increases the side effects of:

- a. MAO inhibitors

101. Forcing the child to go to the toilet before bedtime is for the management of:

- a. Enuresis

102. Psychiatric patient on antipsychotic drug the most drug that leads to impotence with antipsychotic is

- a. propranolol
- b. NSAIDs
- c. ACEI

103. In dementia, best drug to use:

- a. Haloperidol
- b. Galantamine

104. Female with hair on different site of body and refuse intake of food and BMI<18 and feel as body is fat so diagnosis

- a. anorexia nervosa**
- b. bulimia nervosa
- c. body dimorphic syndrome
- d. anxiety

105. Best drug to treat depression in children and adolescent is:

- a. Fluoxetine (Prozac)**

106. Patient had history of pancreatic cancer on chemotherapy then improved completely, came to doctor concerning about recurrence of cancer and a history of many hospital visits. This patient has:

- a. Malingering
- b. Hypochondriasis**
- c. Factitious
- d. Conversion

107. Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:

- a. SSRI**
- b. TCA
- c. B-blocker
- d. MAOI

108. (Long question) patient came with MDD so during communication with patient you will find:

- a. Hypomania
- b. Late morning awake
- c. Loss of eye contact**

109. Which of the following antipsychotics is mostly associated with weight gain:

- a. Risperidone
- b. Quetiapine
- c. Olanzapine
- d. Ziprasidone

110. Which of the following antipsychotics is least likely to cause tardive dyskinesia?

- a. Quetiapine

111. pt. using haloperidol , developed rigidity (dystonia) ttt :

- a. Antihistamine + anticholinergic

112. Antipsychotic drug side effect for onset:

N.B. 4 hours: Acute dystonia, 4 days: Akinesia, 4 weeks: Akathisia, and 4 months: Tardive dyskinesia (often permanent)

113. Which of the following personality is characterized by inflexibility, perfectionism?

- a. OCD
- b. Not otherwise specified
- c. Narcissistic
- d. Obsessive compulsive personality disorder

114. Which of the following could be seen in a patient with bulimia:

- a. Hypokalemia.
- b. Metabolic acidosis.

Explain: bulimia is aka binge eating which means the patient eats a lot then does forced vomiting so there is loss of acids & electrolytes which leads to hypokalemia & metabolic alkalosis

115. A patient is having a 2-year history of low interest in life; he doesn't sleep well and can't find joy in life, what is the most likely diagnosis:

- a. Dysthymia**
- b. Major depressive disorder
- c. Bipolar disorder

116. All of the followings are C/I in TCA OD except:

- a. Flumazenil
- b. Physostigmine
- c. Lidocaine**
- d. Amiodarone
- e. Procainamide

117. All can be life threatening in withdrawal states except:

- a. ETOH
- b. Baclofen
- c. Phenobarbital
- d. Heroin
- e. Valium

118. All the followings are characteristics of SSRI except

- a. Wide therapeutic window
- b. No Cardiotoxicity
- c. No Neurotoxicity
- d. No MAOI activity
- e. No drug interactions**

119. Regarding Antipsychotics OD, all are true except:

- a. Safe OD profile**
- b. Sedation is common
- c. The most cardiotoxic is chlorpromazine
- d. Orthostatic is common
- e. Akathisia may be observed

120. Bupropion is contraindicated in which of the following:

- a. Hx of eating disorder**

121. Family came to you complaining that their son sees humans as (something ... objects I think it was innate objects not sure) and plays alone and doesn't play with other children and says "you" when he wants to say "I" which one of the following should not be done for the management of this patient:

- a. Narcoleptic medication?**
- b. High care program in school
- c. Mood stabilizers

122. pt present with 6 wks hx of inability of fall sleep after cardiac attack. Psychiatric evaluation indicate pt free from depression & anxiety symptom, what is best treatment?

- a. bupropion
- b. amitriptyline
- c. zaleplon**

123. 4y girl, decrease head growth, decrease social interaction, decrease in language ...etc, so Dx:

- a. Autism
- b. Mental retardation
- c. Rett's disorder**
- d. Asperger syndrome

124. Patient talking to doctor and the patient look to his right side most of the time, when the doctor asked him why is that? He said that his mother is there but in fact no one is there, after asking the patient family they said that the mother died when he is child Dx?

- a. Visual hallucination**
- b. Auditory hallucination
- c. psychosis

125. 70-years old admitted to the hospital as a case of pneumonia, he was agitated, confused, irritable, abnormality in sleep/awake cycle, your management:

- a. haloperidol until symptoms subside.**
- b. risperidone until symptoms subside.
- c. keep a relative with him.
- d. keep him in a dark ,quite room

126. One is true about senile dementia:

- a. Aggravated with physical disease
- b. Sudden onset
- c. Associated with urinary incontinence?**

127. What is the drug of the following which is giving I.V :

- a. Risperidone.**
- b. Fluoxetine
- c. Clozapine

128. Girl with hypokalemia, weight loss, erosion of tooth enamel:

- a. Bulimia nervosa**
- b. Anorexia nervosa

129. What's true regarding somatization disorder?

- a. At least 2 GI Sx must be present to establish the Dx.**
- b. Sx must persist for months to establish the Dx.
- c. Age of onset > 45 yrs.

130. WHICH of the following medications is associated with convulsion and QT prolongation?

- a. chlorpromazine
- b. clozapine**
- c. haloperidol
- d. ziprasidone

131. Which of the following drug has least effect on QT prolongation

- a. Chlorpromazine
- b. Risperidone
- c. Olanzapine
- d. Quetiapine
- e. Aripiprazole**

132. Which of the following antipsychotics is the most cardiotoxic and associated with QT prolongation:

- a. Clozapine
- b. Thioridazine**
- c. Fluphenazine
- d. Sulpride
- e. Haloperidol

133. Which of the following drugs has a high affinity for 5-HT₂ receptors in the brain, does not cause extrapyramidal dysfunction or hemotoxicity, and is reported to increase the risk of significant QT prolongation?

- a. chlorpromazine
- b. clozapine
- c. fluphenazine
- d. olanzapine
- e. ziprasidone**

Urology

Urology

1. Man with sudden onset of scrotal pain, also had a history of vomiting, on examination tender scrotum and there is tender 4 cm mass over right groin, what you will do:

- a. Consult surgeon
- b. Consult urologist
- c. Do sonogram
- d. Elective surgery

2. A Case scenario about a male patient present with prostatitis (prostatitis was not mentioned in the question), culture showed gram-negative rods. The drug of choice is:

- a. Ciprofloxacin
- b. Ceftriaxone
- c. Erythromycin
- d. Trimethoprim
- e. Gentamicin

Acute prostatitis is treated by either a fluoroquinolone or cotrimoxazole.

3. Male child presented with pain in one testis, & was elevated, on examination by Doppler there is decrease blood supply Dx:

- a. Testicular torsion
- b. Epididymitis
- c. Hernia

4. An 80-year-old male presented with dull aching loin pain & interrupted voiding of urine. BUN and creatinine were increased. US revealed a bilateral hydronephrosis. What is the most probable Dx?

- a. Stricture of the urethra
- b. Urinary bladder tumor
- c. BPH
- d. Pelvic CA
- e. Renal stone

5. Case scenario (a patient presents with prostatitis, by culture gram negative rods) what is the most appropriate treatment?

- a. Trimethoprim and sulfamethoxazole or fluoroquinolone**
- b. Ampicillin if suspected sepsis with gentamicin
- c. Gentamicin if suspected sepsis with ampicillin

6. A patient complaining of left flank pain radiating to the groin, dysuria, no fever. The diagnosis is:

- a. Pyelonephritis
- b. Cystitis
- c. Renal calculi**

7. A 3 weeks old baby boy presented with a scrotal mass that was transparent & non-reducible. The diagnosis is:

- a. Hydrocele**
- b. Inguinal hernia
- c. Epididymitis

8. A 29-year-old man complaining of dysuria. He was diagnosed as a case of acute prostatitis. Microscopic examination showed G-ve rods that grow on agar yeast. The organism is:

- a. Chlamydia.
- b. Legionella**
- c. Mycoplasma

9. Best treatment of acute cystitis?

- a. Ciprofloxacin**
- b. Norfloxacin
- c. Erythromycin

Co-trimoxazole, fluoroquinolone, and cephalosporin all can be used.

10. Pt, febrile, tender prostate on PR:

- a. Acute prostatitis**

Urology

11. Young adult presented with painless penile ulcer rolled edges, what next to do:

- a. CBC
- b. Darkfield microscopy (? syphilis)
- c. Culturing

12. A patient with gonorrhea infection what else you want to check for

- a. Chlamydia trachomatis

13. Male pt with acute urine retention what is your immediate action:

- a. Insert foley's catheter

14. 60 y/o male with hematuria and bladder calculi what organism mostly involved:

- a. schistosoma hematobium

15. Patient with dysuria, frequency, urgency, but no flank pain, what is the treatment? (a case of cystitis)

- a. Ciprofloxacin po od for 3-5 days
- b. Norfocin po od for 7 – 14 days

16. Man with history of urethral stricture presented with tender right testis and WBC in urine. Dx:

- a. Epididymo-orchitis

17. A man presents with painless ulcer in his penis with indurate base and everted edge so diagnosis is

- a. syphilis
- b. gonorrhea (no ulcer)
- c. chancroid (painful)
- d. HSV (painful)

18. UTI > 14 day, most probably cause pyelonephritis
- a. .05%
 - b. .5%
 - c. 5%
 - d. 50%?? (If left untreated)
19. 70-years old male patient with mild urinary dripping and hesitancy your diagnosis is mild BPH. What is your next step in management?
- a. Transurethral retrograde prostatectomy
 - b. Start on medication
 - c. Open prostatectomy
20. Elderly patient complaining of urination during night and describe when he feel the bladder is full and need to wake up to urinate, he suddenly urinate on the bed this is:
- a. Urge incontinence
 - b. Stress incontinence
 - c. Flow incontinence
21. 48-years old female patient come with recurrent calcium oxalate nephrolithiasis:
- a. Keep dilute urine (increasing fluid intake)
 - b. Decrease calcium intake (calcium intake shouldn't be limited, unlike oxalate)
22. 21 year old present with testicular pain, O/E: bag of worms, dx:
- a. Varicocele.
23. Female patient presented with dysuria, epithelial cells were seen in urine analysis, what is the explanation in this case:
- a. Contamination.
 - b. Infection.
24. Type of urine incontinence in multiple sclerosis:
- a. Neurogenic Detrouser overactivity (Urge Incontinence)

25. Common cause of male infertility:

- a. **Primary hypogonadism?**
- b. Secondary hypogonadism
- c. Ejaculation obstruction

26. Old patient with HTN & BPH treatment is?

- a. Beta-blocker
- b. Phentolamine
- c. **Alpha blockers (doxazosin, terazosin, and alfuzosin).**

27. Old patient male, hematuria, passing red clots and RT testicular pain:

- a. **Testicular Ca**
- b. RCC renal cell carcinoma
- c. Cystitis

28. Young male patient with dysuria fever and leukocytosis, PR indicate soft boggy tender prostate, Dx:

- a. **Acute prostatitis**
- b. Chronic prostatitis
- c. Prostate cancer

29. Which testicular tumor is considered radiosensitive?

- a. **Seminoma**

30. A patient presents with loin pain radiating to the groin. Renal stones are suspected. What is the test that has the most specificity & sensitivity in diagnosing this condition?

- a. **Noncontrast spiral CT scan of the abdomen**
- b. Ultrasound
- c. KUB
- d. Intravenous pyelography (IVP)
- e. Nuclear Scan

31. 25 y/o patient with 1 day history of dysuria & increase frequency & suprapubic pain, PR: 102, BP: 110/60 Temp: 38 °C. Urine analysis showed 50-60 leukocytes, gram-negative bacilli.

The best way of management:

- a. **Oral ciprofloxacin, review after 2 days (usually 3-5 days)**
- b. Oral amoxicillin, review after 2 weeks
- c. Intravenous Amikacin

32. A patient presented complaining of this urethral discharge and dysuria. He had a history of unprotected sexual contact with a female 10 days ago. Urine examination showed gram -ve diplococcic. The most likely diagnosis is:

- a. **Gonococcal urethritis.**
- b. Candida infection.
- c. Syphilis infection.
- d. Herpes infection.

33. Male young patient, having mass in the scrotum which increase in size, painless, no lucency with light, how to manage:

- a. refer to surgery
- b. **refer to urology**
- c. Refer to radiology
- d. send him home

34. Young male patient having only complaint of gross hematuria otherwise normal, on examination normal, on investigation US normal, urine culture normal, now what's your investigation of choice

- a. RENAL BIOPSY
- b. URINE ANALYSIS
- c. CYSTOSCOPY
- d. RENAL ANGIOGRAPHY

In this case our main concern is RCC so CT should be the next step.

Urology

35. UTI patient completely treated, prophylaxis is:

- a. ampicilline
- b. flouroquinolone
- c. nitrofurantoin

36. A patient known BPH stable on medications. On examination prostate was smooth with no nodularity, He asked for PSA screening. What will you tell him?

- a. No need for PSA
- b. Explain pros and cons of PSA?
- c. order other advanced Investigations (biopsy, ??)

SLE Bank 4th Edition

مقدمة

الحمد لله رب العالمين والصلاة والسلام على اشرف الانبياء والمرسلين
سيدنا محمد وعلى آله وصحبه اجمعين اما بعد :

بعد ايام طوال من الجد و الاجتهاد ، تم بحمد الله وتوفيقه انجاز هذا
الملف والذي قمنا فيه بإعادة ترتيب و حل اسئلة البنك الرابع
لاختبار الهيئة السعودية للتخصصات الصحية ولقد قام بإنجاز هذا
الملف اخوان وأخوات لكم من جامعة جازان وجامعة الملك خالد بذلوا
الجهد والوقت لإنجاز هذا الملف والذي نرجو من الله ان يكون فيه
الفائدة لنا ولكم ولا ننتظر منكم إلا دعوات صادقة في ظهر الغيب و
هذا الملف هو جهد بشري واجتهاد شخصي يحتمل الصواب ويحتمل
الخطأ فإن كان به من صواب فمن الله وان كان به خطأ فمن أنفسنا ومن
الشیطان والله ولي التوفيق

أخوكم

حسن محمد قحل

المنسق العام

المساهمون في العمل

حسن قحل	محمد غاشم
فهد صميلى	عاصم معافا
علي هروبي	ناظر حكمي
بندر حكمي	حسن عريشي
نبيل غروي	يحيى ابو طالب
سعود دغريري	عبد الرحمن ابو القاسم
سعد القرني	علي حكمي
علي مدخلي	محمد عوافه
زكريا السنوسي	محمد طوهرى
سالي الأحمر	سهي الأحمر
علي حقوي	جلال حكمي

TO all of my medical colleagues

This is an edited 4th edition SLE bank , corrected & revised, not all the MCQs but most of them
207 interns do their best for you ,so pray for them & we hope that you will achieve the best mark &
be a successful doctors

Hassan Alkhalifha
Yasser Aljaffar
Jaffar Alsaffar
Eyad Alqudaihy
Ali Alqallaf
Bader Almobarak
Mahmoud Almatar
Mohammad Aljawad
Mohammad Altriki
Rashid Alabdullah
Ahmad Ghallab
Abdullah Albouri
Hussain Alhayek

Medicine Section

Important note before you start :

latest update of the answers are highlighted by yellow color .
answers that marked by red color only, does not mean it wrong answer but we are not sure
about it .

some of MCQs are not complete or the answer itself does not written. just forget about it.

we did our best to correct the MCQs , so forgive us for any mistakes.

wish you all the best

1- case of depressed man after death of his son, he can't sleep at all for 2 days, which drug will for short term :

a- Lorazepam

b- Imipramin

2- What do we use in TB prophelaxis

a- Isoniaside (not sure)

b- Ethambutole

c- Refambecin

3- Patient with high anion gab and metabolic asidosis what drug overdose can cause?

a- Aspirin ??????

4- Patient with retrosternal chest pain, barium swallow show corkscrew appearance:

a. Achalasia

b. Esophagitis

c. GERD

d. Diffuse esophageal spasm

5 - A boy who was bitten by his brother .. and received tetanus shot 6 month ago and his laceration was 1 cm and you cleaned his wound next you will:

a) give augmentin

b) suture the wound

c) give tetanus shot

d) send home with close observation and return in 48 hr

6 - in aspirin overdose :

- a) liver enzyme will peak within 3-4 hr
- b) first signs include peripheral neuropathy and loss of reflexes
- c) 150 mg/kg of aspirin will not result in aspirin toxicity ?????(above 150 mg/kg will cause toxicity so I don't know exactly the right answer)

7- 40 y/o with mild epigastric pain and nausea for 6 months..endoscopy>loss of rugal folds, biopsy> infiltration of B lymphocytes..treated with abx..cause:

- a- salmonella
- b- H.pylori

8- mitral stenosis :

A – diastolic high pitch

B - systolic low pitch

C- diastolic low pitch

9- All are 1ry prevention of anemia except:

- a- health education about food rich in iron
- b- iron fortified food in childhood
- c- limitation of cow milk before 12 month of age
- d- genetic screening for hereditary anemia**
- e- iron,folic acid supp. In pregnancy and postnatal

10- pt on anti Tb medication with hear loss what is the cause:

A-pyrenzmaid

b- Streptomycin

11- human bite to the hand .. greatest risk of infection in which position :

a-dependent (my answer

b. clenched

c. finger extended

12- In “holding breath holding” which of the following True:

a. Mostly occurs between age of 5 and 10

b. Increase Risk of epilepsy

c. A known precipitant cause of generalized convulsion

d. Diazepam may decrease the attack

13- teacher with vomiting and jaundice and 2 of his student, no blood contact what is the best investigation:

a- Heb A IgG

b- Heb A IgM

c- Heb B

14-All can cause gastric ulcer except:

- a- Tricyclic antidepressant.
- c- Sepsis.
- d- Salicylates.
- e- Gastric outlet incompetent ????????

15- pt with severe vomiting and diarrhea in ER when he stands he feels dizziness. supine BP 120/80 on sitting 80/40 . when asking him him he answers with loss of consciousness what is most likely he has :

- a- insulin something
- b- dehydration something

16 – difference between unstable and stable angina :

- A - necrosis of heart muscle
- B - appears to be independent of activity(pathophysiology of the atherosclerosis)

17- drug contraindication hypertrophic obstructive cardiomyopathy;

- A- digoxin???
- B- one of b-blocker
- C- alpha blocker

18- your advice to prevent plaque disease is:

a-hand washing

b-rodent eradication

c-spry insect side

19- A man who is having severe vomiting and diarrhea and now developed leg cramps after receiving 3 liters of dextrose .. he is having:

a) hypokalemia

b) hyponatremia

c) hyperkalemia

d) hypernatremia

20- 15 y/o boy with +ve occult blood in stool .what is the best investigation:

a.Isotope

b.Barium???

21- Patient with nausea, vomiting, and diarrhea developed postural hypotension . Fluid deficit is :

a) Intracellular

b)Extracellular???????

c) Interstitial

22- Lactating mother newly diagnosed with epilepsy , taking for it phenobarbital you advice is:

a. Discontinue breastfeeding immediately

c . Continue breastfeeding as tolerated(with close monitoring of the baby)

23- Greatest risk of stroke:

a. DM

b. Elevated blood pressure

c. Family history of stroke

d. Hyperlipidemia

e. Smoking

24- Patient with CML taking imatinib mesylate and ondansetron for nausea and vomiting presented with tachycardia, fever Diaphoresis and hyperreflexia... Dx:

a- neuroleptic malignant syndrome ??

b- imatinib toxicity

c- ondansetron toxicity

25- chronic use of vasoconstrictive result in ;

A_ Rebound phenomenon(Rhinitis medicamentosa)

B_rhinitis sicca

C_vasomotor rhinitis

26- increase survival in COPD

a- O2 supplementation

b- Smoking cessation ???

27 - The important risk factor for Stroke is:

a) DM

b) HTN

c) Dyslipidemia

28- a man who has had MI you will follow the next enzyme

a) CPK

b) ALP

c) AST

d) Amylase

29- an old man who had stable angina the following is correct except:

a) angina will last less than 10 min

b) occur on exertion

c) no enzymes will be elevated

d) will be associated with loss of consciousness ????????

30 - Which of the following is given as prophylactic ant arrhythmic after MI:

- a) Procainamide
- b) Lidocaine
- d) Quinine
- e) Metoprolol**

31- 5 yr old adopted child their recently parents brought him to you with white nasal discharge. He is known case of SCA. What you will do to him:

- a) Give prophylactic penicillin
A lot of things to ask about

32- The antibiotic prophylaxis for endocarditis is:

- b) 2 g amoxicillin before procedure 1 h ??**
- c) 1 g amoxicillin after procedure
- d) 2 g clindamycin before procedure 1 h
- e) 1 g clindamycin after procedure

33- 19 yr old girl with URTI and splenomegaly. The cause:

- a) Infectious mononucleosis**
- b) Streptococcus pharyngitis**
- c) Malaria

34- Child with leukemia he has septicemia from the venous line the organism is:

a) E coli

b) GBS

c) Pseudomonas

Note : I found that gram-negative strept.(E.coli and pseudomonas) Are the most common cause of septicemia then followed by Gram-positive strept. SO I'm confused which 1 to choose !

35- patient with discharge of fluid after 72 hours from surgery the discharge is greenish showed Gram +ve cocci the organism is:

a) Clostridium



c) Pseudomonas

S. Aureus , , ,
S. pneumonia

36- a man travelled to Indonesia and had rice and cold water and ice cream .. he is now having severe watery diarrhea and severely dehydrated .. most likely he has:

a) vibrio cholerae

b) C difficle

c) C perferngins

d) Dysentry

e) Shigella

37- When should you refer a pt with scoliosis:?????

a) 10 degree

b) 15 degree (NOT SURE)

c) 20 degree

38- Which of following favor Dx of SLE????????????? Don't know

a- joint deformity

b- lung cavitations

c- sever rayaniod phenomen

d- cytooid body in retina

39- cause of non-traumatic subarachnoid hemorrhage

a- Middle meningeal artery

b- Bridging vein

c- rupture of a cerebral aneurysm (From Wikipedia) 85%

40- what's the organism responsible for psuedomembranouscolitis:

a. Pseudomonas

b. Colisteridium

c. E.coli

d. Enterococcus fecalis

41- Which of the following is true regarding metformin :

- A. Main complication is hypoglycemia .
- B. Can lead to weight gain .
- C. It suppress the hepatic gluconeogenesis .**

42- 16 wk pregnant not known to have illness before has high BP..DX:



- a- chronic HTN**
- b- gestational HTN

43- Patient with continuous seizures for 35 min. despite taking 20 mg Iv diazepam..what to do??

- a- **give 40 mg IV diazepam**
- b- give IV phenytoin
- c- give IV Phenobarbital

44- The most common cause of non traumatic subarachnoid hemorrhage is:

- a) Middle meningeal artery hemorrhage
- b) Bridging vein hemorrhage
- c) Rupture of previously present aneurysm**

45- During heart contraction ,heart receive more blood by:

- a- coronary artery dilatation ????
- b- IVC dilatation
- c- pulmonary vein constriction

46- Fick method in determining cardiac output ;

- a- BP
- b- o2 saturation in blood

47- PVC caused by:

- a. decrease o2 supplement to heart
- b. increase co2 to heart (co2 poisoning)



Note: I don't know, All can cause PVC!

48- A man is brought to the ER after having seizure for more than 30 min the most initial drug you will start with:

- a) IV lorazepam
- b) IV phenobarbital
- d) IV haloperidol

49- a man who received blood transfusion back in 1975 developed jaundice most likely has:

- a) Hep A
- b) Hep C**
- c) Hep D
- d) Hep E
- e) Autoimmune hep

50- Best method to prevent plague is:

- b) Kill rodent**
- c) spray pesticide
- d) give prophylactic AB

51- a man with high fever, petechial rash and CSF decrease glucose .. he has:

- a) N meningitidis**
- b) N gonorrhea
- c) H influenzae

52- a DM HTN patient with MI receiving metformin and diltiazem and other medication his creatine clearance is high .. you will do:

- a) add ACE II inhibitor
- b) remove metformin**
- c) continue same medication

53- the following is not a risk factor for coronary heart disease:

- a) High HDL**
- b) HTN
- c) DM
- d) Hypercholesterolemia

54- Female presented with thirst and polyurea.. all medical history is negative and she is not known to have medical issues.. .she gave history of being diagnosed as Bipolar and on Lithium but her Cr and BUN is normal. What is the cause of her presentation

- a) Nephrogenic DI
- b) Central DI**

55- ibuprofen is contraindicated in:

- a) peptic ulcer**
- b) seizures

56- In “holding breath holding” which of the following True:

- a) Mostly occurs between age of 5 and 10
- b) Increase Risk of epilepsy
- c) A known precipitant cause of generalized convulsion**
- d) Diazepam may decrease the attack

57- the best to give for DVT patients initially which is cost effective:

a) LMWH (I think)

b) Unfractionated Heparin

58- an old patient with the following labs Na was low and plasma osmolality or urine was low I don't recall it:

a) Cushing syndrome

b) Addison syndrome

c) Conn syndrome

59- Which of the following features is related to crohns disease:

a) Fistula formation

b) Superficial layer involvement

60- all of the following is extrapyramidal Sx exept :

a- dyskinesia

b- akathisia

c- xxxxxx esia

d- clonic - tonic convulsion

61- an alpha blocking effect which of the following b- blocker have :

a- metoprolol

b- atenolol

c- mesoprolol

d- xxxxxx lol

e- yyyyyy lol

labetalol and
carvidilol

62- miliary TB caractarized by :

a- spare lung apical

b- septal line

c- multiple lung nodules

63- patient with congestive heart failure , which medicaion will decrease his mortality :

a- forsumide

b- digoxin

c- ACEIs decrease the mortality

64- patient with congistive heart failure and pulmonary edema , what is the best treatment :

a- spronalctone

b- forsumide

65- child took 20 pills of paracetamol .. what u will give

a- N-acetylcystine

66- regarding murmur of mitral stenosis

a- Holosystolic

b- mid systolic

c- mid-diastolic rumbling murmur

67- patient with IHD ,, best exercise is

a- areobic

68- Rx. Of trichomoniasis :

a- metronidazole (Flagyl) but with caution especially in early stages of pregnancy

69- adult pat. With mod. Persistent asthma on short acting bronchodilator & small dose inhaled steroid (the rest of scenario I didn't understand it, but he mention that pat. Need to take drug twice daily!!

a- Increase the dose of steroid inhaler

b- Theophyllin + steroid

c- + steroid

70- diabetic with arterial insufficiency (ask about Dx.)

71- typical case of OA

72- treatment of anaphylaxis:

a-Epinephrine

73- Prolong use of vasoconstrictive nasal drop will cause:

Vasomotor rhinitis

|

NOTE: Rebound phenomena

74-regarding prevention of plaque :

a-rodent eradication

75-pregnant with HIV , the most accurate statement regarding risk of transmission of HIV to the baby :

a-Placenta

b-Through cord blood

c-Contamination of the hands

d-Breast feeding

not sure

76- p.t taking a medication , came to the ER suspecting she has overdose of her medication, her symptoms (convulsion, dilated pupil, hyperreflexia and strabismus) the medication is:

a-TCA (100% sure)

b-SSRI

c-Hypervitaminosis

77-what is the most effective measure to limiting the complications in COPD:

a-Pneumococcal vaccination

b-Smoking cessation

78-pt with hypertrophic subaortic stenosis ,, want to do tooth extraction,, regarding to development of endocarditis :

a-High risk 50%

b-no need for prophylactic antibiotics

c-Post procedure antibiotics are sufficient ?????

d-Low risk 12%

B

79-25 years old female came complaining of difficult hearing , she mentioned that their a family history of early oncet hearing loss (her grandmother) Oto. Exam was normal .. Weber and rinne tests result in (bone conduction is greater than air conduction) ... Next action is

a-Refer her for aid hearing

b-Tell her there is no available ttt

c-Refer her to otolaryngologist

d-Refer to audiogram ????

80-Old man came complain of progressive hearing loss , it is mostly profounded when he listening to the radio, he does not has any symptoms like that before Weber and rinne tests result in bilateral sensorineural hearig loss.. Diagnosis:

a-meniere's disease ????

b-Otosclerosis

c-Noise induced deffnese

d-Hereditary hearing loss

B may also cause

81-Pt came with cough , wheezing , his chest monophonic sound , on xray ther is patchy shadows in the upper lobe+ low volum wirh fibrosis ,, he lives in a crowded place .. What is the injection shuold be given to the pateint's contacts : ??????

a- hemophe.influanza type b

b-Immunoglobuline

c-Menngioc. Conjugated C??????

d-Basil calament !!?

82-45 years old female came to ER with acutely swollen knee + ballotment patella .. The most important to do is: (needs more details)

a-MRI of the knee

b-Aspiration

c-Complete blood count

d-Rhumatoid factor???

83- Why influenza vaccine given annually :

a-viral antigenic drift

84- Child came with his parents to the clinic , their parents said that their son looks bigger than the other children on his same age His BMI 34 ... His w.t and h.t on the growth chart is greater than his age Your advice will be:

a-Life style modification

b-Decrease fat intake

85-female patient presented with migraine headache which is pulsatile, unilateral , increase with activity . Dosn't want to take daily medication. Which of the following is appropriate:??????

a-Bio feedback

b-Triptan

c-BB

d-CCB

Note: Don't know the abbreviation

86-old man with bilateral knee pain and tenderness that increase with walking and crepitation relieved by rest:

a-OA

87-lady c/o headache band like pain

a-tension headache

88- child came with generalized body swelling, fever , dark urine with decrease urine output ,, what is the most useful investigation for diagnosis:

a-CBC

b-Renal function test

c-Abd. US

d-Urine sedmintation test

89-COPD patient with emphysema has low oxygen prolonged chronic high CO₂, the respiratory drive is maintained in this patient by:

a-Hypoxemia

b-Hypercapnia ????

90-What is the correct about unstable angina :

a-Same drug that use in stable angina .

b-Should be treated seriously as it might lead to MI (Added by me)

Note:

Fifty percent of people with unstable angina will have evidence of myocardial necrosis based on elevated cardiac serum markers such as creatine kinase isoenzyme (CK)-MB and troponin T or I, and thus have a diagnosis of non-ST elevation myocardial infarction

91- Scenario for COPD

92- Scenario for TB .

93- The antidote for organophosphorous is :

a-Atropin

94- Defenci y of B1 called :

a-BeriBeri

95- In DM : ?????

a-DR4

b-DR5

c-DR7

96- Patient with history of AF + MI , the best prevention for stroke is : ?

a-Warfarin

b-Surgery procedure

c-Shunt

97- Food poisoning , group of people came with diarrhea and vomiting diagnosis is:

a-Staphylococcus aureus poisoning

b-Salmonella poisoning

98- The drug case optic neuritis is :

a-Ethambutol

b-Corticosteroid

99- Pregnant developed sudden left leg swelling , best management is : ??????

a-Dopplex –

b-Rest –

c-Heparin

note:

It needs exercise, lift feet up, (from the internet) plus it depends on the state of the leg whether its hot, red, and so on.

100- In blindness what is the area that affected :

a-Occipital lobe

101- In polycythemia cause of anemia is :??????

a- Hypoviscosity

102- In anemia of chronic disease there is :

a-decrease iron and decrease TIBC

Note: Anemia of chronic disease is often a mild normocytic anemia and can sometimes be a microcytic anemia, TIBC should be high in genuine iron deficiency, TIBC should be low or normal in anemia of chronic disease.

103- Duration of drug in Rheumatoid fever is :

a-6 years

b-15 years

c-Primary prevention lasts for 10 days and 2ry prevention lasts for 5 years or 10 years depending on presence of carditis

104- Typical case of "Migraine"

105- Typical case of "Uveitis

106- What is the food should avoid hyperlipedia patient :???????

a-Avocado

b-Organic meat

not sure

107- Regarding the CPR what is the true :

a-40 % recovery

b-30 compression + 2 breaths (I added 30 compression) 😊

108- Patient he had multiple problem in his chest and he lives in crowded area what your action:

a-Immunoglobulin

b-H.influnza

109- Patient with Rheumatoid arthritis on hand X-Ray there is swelling what you will do for him : ??????

a-NSAID

b-Injection steroid?????

110- The best investigation for kidney function :

a-24 h collect urine

b-Creatinine clearance

111-Pt with adult respiratory distress syndrome.. he got tension pneumothorax.. what is the probable cause:

a-Distruction of lung paranchema

b-Negative pressure

c-Oxygen 100%

d- positive pressure ventilation (Wikipedia, pneumothorax)

112-everything is normal except palpable tip of the spleen.. positive monospot test .. whats your action:

- a-Send him home
- b-Empiric antibiotic
- c-Antivirul
- d-Observation
- e-Supportive ttt

Note: Monospot test used for mononucleosis

113-Eldarly pt presented with faver.. by blood culture there is enterococcus facsus, what is the probable source of this bacteria ?

- a-Skin
- b-Urinary tract
- c-Upper respiratory tract

114-case of rheumatic fever; ??????

- a-spreiding in the blood stream
- b-Cousing pharyngitis and tonsillitis

115-Elderly pt presented with talangectasia on face with painful nodule of the nose.. what is ur action

- a-Antiviral
- b-Antibiotic

116-According to the weight of the pregnant lady: ???????

- a-The lady should get an extra 300 to 500 calorie a day to be normal
- b-Regardless the habit of the lady, she has to gain 30 lb in her pregnancy and this is the weight of the baby
- c-In the third trimester the lady will gain weight rapidly and this indicate the rapidly growing of the baby that may indicate an intervention
- d-Normally the lady will gain about 50 lb during pregnancy

117-Pt presented with orthopnea and pnd .. he have a history of mitral stenosis .. there is bilateral basal crepitation ... what is the dx

a-Rt sided heart failure

b-Lt sided

118-Adult respiratory distress syndrome

a-Aortic stenosis

119-Best description for Mitral stenosis murmur on auscultation

a-Systolic crescendo decrescendo

b-Pansystolic

c-Diastolic decrescendo

120-The heart increase its blood supply by?????????

a-Pulmonary resistance

b-Dilate coronary artery

c-Constrict aortic artery

b-Dilate IVC

121-Which most common condition associated with endocarditis

a-VSD????

b-ASD

c-PDA

d-TOF

122-Which condition least common associated with endocarditis

a-VSD

b-ASD ?????

c-PDA

d-TOF

123-How you can confirm Factitious fever??????

a- CBC

b- RhF

c- CXR

d- Heart rate

124-Treatment of peritonitis(the organism is Bacterioid fragile

a-Clindamycin

b- **Mitronidazole**

125-Long case about migraine (Pt want to treat the headache but she don't want to take daily medication): ??????

a-Biofeedback

b-CCB

c- blocker

126-Migraine case (How to confirm the diagnosis)?

a-MRI

b- Careful history and examination

127-Case of gout:

a-Ca pyrophosphate

b-Na urate

128-Pneumothorax management:

a-Insert neddle in 2nd ICS medclavicular line???

129-Pt. take antibiotic and at end of course he develop diarrhea, what's the cause:

a- Clostridium.....

b- **Clostridium defficile**

130-HIV pt. with skin lesion show (spindle cells) Diagnosis:

a- **Kaposi sarcoma**

131-Pt. with headache and vertebral lesion (Moth-eaten),Investigation???????????????

a- Bone scan

132-Healthy pt. with +ve PPD, no symptoms, normal CXR,

Management:??????????????

- a- isoniazide 6 mon
- b- INH + rifampicine 6 mon

**133-Elderly pt. with Hx of forceful; vomiting ,Hx of antacid use.
diagnosis:**

- a- Gastric outlet obstruction

134-Smoking cessation program most effective with:

- a- Pt. desire
- b- Pharmacological Tx
- c- Dr. advise pt. to quit
- d- Change lifestyle

135-Side effect of steroid eye drops:

- a- Cataract

136-Pt. with leg pain aggravated by walking and relived by rest

Ex: hair loss +cold:

- a- Chronic leg ischemia
- b- DVT ????
- c- Venous insufficiency

137Infertility case G3P0 with Hx of pregnancy termination +

D&C:??????????

- a- Asherman syndrome
- b- Sheehan syndrome
- c- PCOS

**138-Child with SCA treated completely from UTI, Ex: normal
except runny nose,**

Management:??????????

- a- Prophylactic penicillin

139-What is true about Pneumococcal vaccination in sickler 11 mon baby:

a- 23 valent should be take!!!!

b- Pt. need prophylactic antibiotic even if vaccinated

140-Hx of wheezing and subcostal retraction for 2 days on salbutamol:

a- Add corticosteroid

b- Thiophilin

141-Pt. with moderate asthma on b-agonist:

a- Add inhaler corticosteroid

142-Pt. take one breathe then stop for 10 seconds then take another breathe(I forget the description exactly), type?

a-Cheyne-stokes

b-Kussmaul's

143-Pt. with ear pain, congested nose, Ex: red,loss cone reflex, Management:

a-Antibiotic

b-Decongestant

144-Hx of hearing loss, tinnitus, vertigo for 2 years, reecent numbness in face:

a-Acuistic neuroma

b- Vestibular neuritis

145-n side effect of long use of systemic corticosteroids:

a.Asthma

b.Weakness in pelvic muscles

146-female pt c/o sever migraine that affecting her work, she mentioned that she was improved in her last pregnancy, to prevent that:

a-biofeedback

b-propranolol (my answer)

147-what drug that improve the survival in CHF

a-digoxin

b-Hydralazin

c-ACEI (name of drug) my answer

148-old man with bilateral knee pain and tenderness that increase with walking and crepitation relieved by rest;

a-RA

b-OA (my answer)

149-Patient with dysphagia to solid and liquid , and regurg , by barium there is non peristalsis dilatation of esophagus and air-fluid level and tapering end.diagnosis is

a-Esophageal spasm

b-Achalasia cardia (my answer)

c-Esophageal cancer

150- The useful exercise for osteoarthritis in old age to maintain muscle and bone Low resistance and high repetition weight training:

a-Conditioning and low repetition weight training

b-Walking and weight exercise (my answer)???

151- child with low grade fever and congested throat, negative ASO and positive EBV. He has

a-infectious mononucleosis (my answer)

b-URTI

152- one of the following food is known to reduce cancer

a-fibers (my answer)????

153- Business man went to Pakistan, came with bloody diarrhea, stool examination showed trophozoite with RBC inclusion, Dx:
a-Amebic desyntry (entamoebahistololytica)

154- Young patient with pharyngitis, inflammation of oral mucosa and lips that has whitish cover and erythematous base, febrile, splenomegaly. Dx: (this is infectious mono)
a-Scarlet fever
b-EBV (my answer)
c-HZV

155- lady c/o headache band like pain
a-tension headache (my answer)

156- Used for treatment of pseudomembranous colitis:
a.Metronidazole (my answer) also with vancomycin PO

157-unilateral , increase with activity . Dosn't want to take daily medication. Which of the following is appropriate: ??????
a-Bio feedback (my answer)
b. TCA
c. BB

158- the respiratory drive is maintained in this patient by???? (I think it's abt COPD, so the answer will be):
a-Hypoxemia (my answer)
b-Hypercapnemia
c-Patient effort voluntary

159- most effective ttt of cluster headach:
a-Ergotamine nebulizer
b-S/C Sumatriptan
c-100% O2 (my answer)
d-IV Verapamil

160- The most common regimen in ttt of uncomplicated community acquired pneumonia:

- a. azythromycin.(my answer)
- b. fluroquinlone
- c. penicillin
- d. gentamycin

161- pt taking digitalis he developed sudden disturbance in vision yellow discoloration and light flashes (that's what I remember from the question)

- a. digitalis toxicity
- b. retinal detachment

162- Female patient complaining of urinary symptoms since one year she took many antibiotics with no improvement on examination mild tenderness on the base of the bladder CT and MRI normal what u suspect:

- a. Interstitial cystitis?????
- b. DM
- c. Candida albican
- d. Urethral injury

163- Pt has ca pt ?????? NOT CLEAR!

- a. Asprin daily
- b. Angiography

164- Question about pathophysiology of DKA how the ketones are formed?

Note: The absence of insulin also leads to the release of free fatty acids from adipose tissue (lipolysis), which are converted, again in the liver, into ketone bodies (acetoacetate and β -hydroxybutyrate)

165- What is the most specific test for syphilis:

- a. TPI
- b. FAAT

166-adolescent had pharyngitis then he developed pneumonia what is the most likely 2 organism:

Strept. Pneumonia

Staph aureus

167- pt had history of hypertension and no medication taken he eats a lot of meat with no ↓ cholesterol ,high triglyceride, low HDL in which category u will put the pt for risk of IHD:

A B C d

I forgot ☐ I forgot ☐ High cholesterol High cholesterol

Sedentary life obese

High BP

168- pt came with PND and orthopnea an examination he has bilateral basal crepitation and pulmonary edema what is the diagnosis:

a.left heart failure

b.right heart failure.

b. Obesity, Smoking

c. HTN, Obesity(my answer)

169-most effective measure to prevent spread of infection among health care workers &pts in a nursery:

a-wash hand before and after examining each pt .(my answer)

b-wear gown and gloves before entering the nursery

c-wear shoe cover

d-(All Are True ??)

170- I study done on 10,000 people for about 3 years in the beginning of the study 3,000 developed the disease and 1,000 on the end of the study what is the incidence:

10.3% my answer but im not sure

171-Which of the following is the recommended diet to prevent IHD :

a-Decrease the intake of meat and dairy .

b-Decrease the meat and bread .

c-Increase the intake of fruit and vegetables . (my answer)

172-Patient on Lisinopril complaining of cough, what's a drug that has the same action without the side effect:

a-Losartan

173-Patient with stage 1 hypertension (BP: 140/85) and overweight (BMI= 28) , how would you treat him?

a-Exercise and weight reduction.

b-Weight reduction alone is not sufficient.

c-Dietary pills.

d-Antihypertensives

174-Patient with painful rectal spasms associated with diaphoresis and tachycardia lasting for a few minutes and occurs mostly during the night, what's the cause?

a-Ulcerative Colitis

b-IBS

c-Proctalgia fugax ? (my answer)

d-Gay bowel syndrome (REALLY?!)

175-Patient with a scenario going with liver cirrhosis with ascites, diet instructions:

a-High carbs, low protein (I chose this one but it could be Na restriction too no?)

b-Sodium restriction

176-An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:

a-Osteoporosis

b-**Osteoarthritis**

c- Rh. Arthritis

177-Child with picture of pneumonia treated with cefotaxime but he got worse with cyanosis intercostals retraction and shifting of the trachea and hemothorax on x-ray, the organism: ??????????

- a-Pneumocystis carinii
- b-Strep pneumoniae
- c-Staph aureus
- d-Pseudomonas

178-Patient called his doctor complaining of right back pain and the doctor advised him to take analgesics, he came to the clinic the next morning saying that the pain wasn't relieved and that he noticed skin changes over the back "vesicles" forming a tight chain like pattern from the back to the abdomen, what's the DX?

- a-Herpes Zoster

179-Old patient with recurrent DVT and SVC obstruction, most likely due to:

- a-Christmas disease
- b-Lung cancer (bronchogenic carcinoma)

180-Goodpasture syndrome is associated with:

- a-Osteoporosis.
- b-Multiple fractures and nephrolithiasis
- c-Lung bleeding and glomerulonephritis

181-Old age female, deep aching pain in the hip, increased early morning and by walking

- a-Osteoporosis
- b-Osteoarthritis
- c-rh arthritis

182- what is the most common cause of death in patients with Ludwig's angina?

- a-sepsis
- b-Sudden asphyxiation
- c-rupture of the wall

183- 6 yr old with HBsAg his mother has HBV he did not receive any vaccination except BCG he should take:

- a. Td, Hib,MMR,OPV
- b. DTB,Hib,MMR,HBV,OPV
- c. DTB,Hib,MMR, OPV ?????
- d. Td, Hib,MMR,OPV,HBV

184-which of the following is not a feature of normal ECG:

- a- P wave is the repolarization of the atria

185-a young pt with osteoarthritis..intial management

- a-strength muscles
- b-steroid

186-ibuprofen is contraindicated in

- a-HTN
- b-DM
- c-peptic ulcer

187-Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles , EMG showed Ulnar nerve compression of the ulnar nerve , what is your action now :

- a-cubital tunnel decompression .
- b-Steroid injection .
- c-CT scan of the spine .?????????

188-The initial management for osteoarthritis in a young age pt

- a-Strenthining of the quadriceps

189-Well known case of DM was presented to the ER with drowsiness , in the investigations :

Blood sugar = 400 mg/dl , pH = 7.05 , what is your management ?

- a-. 10 units insulin + 400 cc of dextrose .
- b- 0.1 unit/kg of insulin , subcutaneous .
- c-. NaHCO .
- d-One liter of normal saline

190-50 yr male PT smoker having ulcer on lateral side of the tongue ,1.5cm adhere with the skin ,,, diagnosis is

A. Dysplasia of cells***

B. lichen planus

C. oral thrush

D. seconadary syphilis

191-yr old girl with decrease BMI =16,, history of anorexia nervosa comes in clinic with complaint of multiple fractures ,, her bones are so fragile that they often break ,,

A-OSTEOPAROSIS

B-HYPOVITAMINOSIS OSTEOPENIA***

C-OSTEOGENESIS IMPERFACTA

D-OSTEOMALACIA

192-Female want to know about her height ,, you told her that her height will stop after

A-24 MONTHS

B-36 MONTHS*

C-48MONTHS

D-72MONTHS

193-pt having HIV want to take TB DRUGS ,,

A- antibiotics containing rifampin, isoniazid, pyrazinamide and ethambutol for the first two months and just rifampin and isoniazid for the last four months

B- treatment with at least four effective antibiotics for 18-24 month is recommended

C-rifampin, isoniazid, pyrazinamide and ethambutol for 1yr***

D-no treatment only Surgery on the lungs may be indicated

194-Pt with hypo pigmented macules loss of sensation. Thickened nerves diagnosis was leprosy which type

A-Tuberculoid ***

B-Lepromatous

C- Borderline

195-In irritable bowel S. the following mechanism is contraction and slow wave myoelectricity seen in

A.Constipation***

B- Diarrhea

C-Obstruction

D-gases

196-pt get septicemia from the venous line , the source is

A-from the skin***

B-from hand Hygiene

C-from the IV line

D-from the hospital

197-End stage of COPD

A. **ERYTHROCYTOSIS**

B. HIGH Ca

C. low K MY answer

198-RBBB :

A. LONG S wave in lead 1 and V6 & LONG R in VI

**199-Pt . heavy smoking for 30yrs complaining of dysphagia
endoscope done show picture (protrusion lesion: (**

A. Squamous cell carcinoma (my answer(

B. Polyp other selection I forget that

200-Female patient with Candida most likely has :

a-DM .

b-SLE

**201 - sickler patient u treated with antibiotic for UTI u will
discharge him with**

A. Penicillin

202- on going treatment for sicklers

A. iron therapy

B. Penicillin with immunization

203- lab values all r normal except Na (hyponatremia) treatment

A. NS with kcl at 20 cc / hour

B. NS with kcl at 80 cc\ hour??????

C. 1/2 ns ...

204- mechanism of Cushing syndrome

A. Increase ACTH from pituitary adenoma

B. Increase ACTH from adrenal

**205 - 27 years old with DM 2 she already wears glasses u will follow
up her after :**

A. 6 months

B. 12 months

206- drug used in treatment of CHF which decrease the mortality

A. B blocker(in kumar book)

B. Verapamil

C. Nitrates

D. Digoxin

207 - CHF with pulm edema . Treat with

A. Furosmide

B. Thizide

208- child with hematuria 15 RBC what next

A. urine cytology

B. Repeat urine for rbc and protien/????

C. Renal biopsy

D. Cystoscope

209- Typical scénario about migraine and pt doesn't want DAILY medication

A. bio feedback

B. BB

C. CCB

D. inhaled ergometrin

210-H.influnza .. (READ Abt Rx << Culture

211- leukemia case .. lab (pancytopenia , leukocytosis , +ve myeloperoxidase) Dx is

A. ALL

B. AML

212- hematology case ... prophral blood smear reveals target cell

A. SCD

213- old pt with progressive weakness of hand grip , dysphagia

B. MG dz

C. **Myasthenia Gravis**

214 -pt had stroke , after that he lost vision in the left eye , where is the lesion :

A. Frontal lobe

B. Occipital lobe

C. Parietal lobe

D. Temporal lob

215- not palpable in normal head and neck exam.

A- lymph node ***

B. Thyroid

C. Hyoid bone

D. Parotid

E. Submandibular gland

216- pt known case of stable angina for 2 years , came c/o palpitation , Holtis monitor showed 1.2mm ST depression for 1 to 2 minutes in 5-10 minutes wt your Dx

A. Myocardial ischemia

B. Sinus erythmia

C. Normal variant

217- drug shouldn't be prescribed in compination

A. Digoxin and levodopa

B. Tetracycline and Almenium hydroxide in MEDSCAPE SITE

218- For malaria prevention:

A. Clothing disinfection.

219-Old bed ridden pt, with fever , blood culture reveal enterococcus , what it the source for it:

A-UTI (CORRECT).

220- Best method for eradication of entameba histolytica:

A-Boiling of water.

221- TTT of H.pylori infection:

A-Omeprazol 2 weeks, clarithromycin and amoxicillin 1 week

B. Ranitidine , erythromycin, metronidazole for 2weeks.

222- Female with migrane, don't want medical therapy:

A. Biofeedback.

223- Greatest risk factor for CVA :

A. HTN.

224- Old pt , k/c of COPD, low Po₂ , high CO₂ , what is the derivate for respiration:

A. Hypoxia.

225- k/c of SCA, have URTI, then suddenly have chest pain, lobar infiltrate, WBC 18000, Hg 7 , fever , what is the cause for his condition:

A. PE.

B. Strepto infection.

C. Acute chest syndrome.

226- Young boy , k/c of SCA, had UTI and ttt well, what to give prophylaxis :

A. Amoxicilline.(pencillin)

227- A case of Cushing syndrome, to diagnose, we do ACTH challenge test, what is the pathophysiology of this test !!!!!

228- Young male, diagnosed with MITRAL REGURGE by auscultation , want to do dental , what to do:

- A. Give amoxicilline.
- B. Give augmentine.
- C. Do ECG.
- D. Do ECHO. (THERE was no option for DO NOTHING).

229- Male m diagnosed with mitral prolapsed, echo free, want to do dental work , what to do:

- A. Nothing .

230- Computer programmer, a case of carpet tunnel syndrome, how to splint:

- A. Dorsiflexion (correct)

231- Female , on fast food diet , what to gave:

- A. Ca + folic acid?????
- B. Vit C + folic acid
- C. Zinc+ folic acid
- D. Zinc+ Vit C

232- Old male with neck stiffness, numbness and parasthesia in the little finger and ring finger and positive raised hand test, diagnosis is:

- A. Thoracic outlet syndrome MEDSCAPE SITE
- B. Impingement syndrome
- C. Ulnar artery thrombosis
- D. Do CT scan for Cervical spine

234- Which of the following is the best treatment for Giardiasis:

- A. Metronidazole

235- Adult polycystic kidney disease is inherited as:

- A. Autosomal dominant .
- B. Autosomal recessive
- C. X linked .

236- child with aspirin intake overdose ...what kind of acid base balance:

- A. metabolic alkalosis with respiratory
- B. metabolic acidosis with respiratory alkalosis
- C. respiratory alkalosis with metabolic acidosis IN KUMAR BOOK**
- D. respiratory acidosis with metabolic alkalosis

237- Most common cause of intracerebral hemorrhage:

- A. Hypertensive angiopathy**
- B. aneurysm
- C. AV malformation

238- Pt presented to ER with substernal chest pain.3 month ago, pt had complete physical examination, and was normal , ECG normal, only high LDL in which he started low fat diet and medication for it. What is the factor the doctor will take into considerations as a risk factor:

- A. Previous normal physical examination.
- B. Previous normal ECG.
- C. Previous LDL level.????????????**
- D. Current LDL level.????????????/**
- E. Current symptom.

239- Elderly patient presented by SOB , rales in auscultation , orthopnea, PND, exceptional dyspnea, what is the main pathophysiology :

- A. Left ventricular dilatation**
- B. Right ventricular dilatation
- C. Aortic regurgitation.
- D. Tricuspid regurgitation .

240- A question about allopurinol :

- A. not to use in acute attack.**

241- Old male c/o sudden chest pain, decreased chest wall movement, hemoptysis , ECG changes of S1 Q3 T3 , what is most common diagnosis:

- A. Acute MI.
- B. Pulmonary embolism.**
- C. Severe pneumonia.

242- Case of old male, heavy smoker, on CXR there is a mass , have hypernatremia and hyperosmolar urine , what is the cause:

- a. Inappropriate secretion of ADH. IN DANISH BOOK**
- b. Pituitary failure.

243- carpenter 72 yrs old loss one of his family (death due to heart attack) came to U to do some investigation he well and fit. He Denied any history of chest pain Or S.O.B . O/E everything is normal except mid systolic ejection murmur at Lt sternal area without radiation to carotid what is your diagnosis

- A. aortic stenosis
- B. aortic sclerosis***
- C. flow murmur
- D. Hypertrophic Subaortic Stenosis

244- Pt with DVT and Inferior venous obstruction what is your diagnosis

- A. christmas disease
- B. lung cancer
- C. nephrotic syndrome***
- D. SLE

245- treatment of alzahimar disease

246- pt with recurrent inflammatory arthritis (migratory) and in past she had mouth ulcers now c/o abdominal pain what is the diagnosis

247- what is initial sign of increase intracranial pressure

- A. vomitting**

248- anti depressant cause HTN crisis

249- case of hyperthyrdisim

250-pt with migraine and HTN best TTT

A. propranolol

251- why we do slow correction of hyponatremia

Note: if had Na low to avoid central demyelination

If had NA high to avoid brain edema

252- Q about body response to increase lactic acid in body

253- best treatment of HTN pt this HTN is secondary for

A-hyperaldosteronism

254- best investigation for Giant Cell Arteritis

A. Biopsy from temporal arteritis

255- urine analysis show cast or epithelial cells what is the origin >> I think something

A. related to urethra

256- case of tension headache

257- pt with pulmonary embolism confirmed by CT scan what is initial therapy

A. I.V heparin

B. I.V warfarin

C. embolectomy

258- vit-b1 deficiency

Note: beriberi.wernick-korsakoff syndrom.optic neuropathy

259- posterior pad sign

A. occult fracture of elbow)

260- aortic syncope

261- pt with increase JVP PND

262- diarrhea after party, that what is organism

263- drug contraindication in sub aortic stenosis hypertrophy:

A. digoxin Oral and

B. DOBUTamine

**264- pt with hepatosplenomegaly with cervical lymphadenopathy
what u wil do**

A. cervical lymph node biopsy

B. liver biopsy

C. bone marrow biopsy??????/

D. EBV serology??????/

265- what is true about malaria

266- what is true about hepatocellular carcinoma

A. iver us and a fetoprotine

267- treatment of trigeminal neuralgia:

A. Carbamazepine

268- what is one of the following not happened in 100% o2 therapy

A. chest pain

B. depression

C. seizures

269- In active increase transaminase which of the following drugs contraindicated

- A. ranitidine
- B. infidipine
- C. vastatin*

270- which of the hollowing drug cause , hptennsive crisis??

- A. Clonidine

271 -side effect of silver sulphazidine:

- A. leukopenia
- B. skin pigmentation
- C. acidosis
- D. electrolyte impalnce

272- side effect of prolong 100% oxygen except:

- A. retrosternal chest painting
- B. sizure
- C. depression*

**273 -what is the finding in anemia of chronic illnes:
iron low and TIBS normal**

- A. decrease iron and increase TIBS
- B. b-decrease iron and decrease TIBS*
- C. C-increase iron????

274- polythycemia vera also associated with:

- A. muscle weakness
- B. splenomegaly*

275 - case scenario pt came with chest pain , radiate to jaw , increase with exercise ,decrease with rest DX:

- A. unstable angina
- B. stable angina*
- C. prenzmetal angina

276- female pt ,KCO rheumatic heart , diastolic murmur ,complain of aphasia and hemiplegia‘ ,what will you do to find the >>>etiology<<< of this stroke:

- A. MR angiography
- B. Non-contrast CT
- C. ECHO**
- D. ECG
- E. carotid Doppler

277- scenario i think for TB pt , with upper lung fibrosis , he live in crowded area‘ :what will give to the contacts

- A. Himophilus influenza vaccine
- B. immunoglobulin
- C. meinongicoccalvccine
- D. BCG*???**

278- Patient with rheumatoid arthritis came to came to you and asking about the most effective way to decrease joint disability in the future, your advice will be:

- A. Cold application over joint will reduce the morning stiffness symptoms
- B. Disease modifying antirheumatic drugs are sufficient alone

279- Most common cause of recurrent tonsillitis :

- A. Group B streptococcus**
- B. EBV
- C. Bacteriod ...
- D. Rhino virus**
- E. Parainflunza virus.

280- A 10 YO was diagnosed with rheumatic fever without any defect to the heart. You will tell his parents that he needs to take prophylactic antibiotics for how many years?

- A. 5 years**
- B. 3 years
- C. 6 years
- D. 15 years

281- While you do head and neck exam , which one of the following is NOT palpable normally:

- A. Thyroid gland
- B. Submandibular gland
- C. Parotid gland.
- D. Lymph nodes**
- E. Hyoid bone

282- Which of the following finding suggesting anemia of chronic disease:

- A. Increase serum iron and increase TIBC.
- B. Decrease serum iron and increase TIBC.
- C. Decrease serum iron and decrease TIBC.**
- D. Increase serum iron and decrease TIBC.

283- Yong man predict that he is going to have a seizure , then he became rigid for 15 sec then developed generalized tonic clonic convulsion for 45sec. you initial ER action in future attacks will be :

- A. insert airway device.?????**
- B. Apply physical splint or protection.

284- What's true about Malaria : the most common cases is caused by

A. Plasmodium falciparum.

285- Pt work most of the time on the computer came with wrist pain , positive tinel sign you will do cast for the hand so the hand position should be in

A. Dorsiflexion sure 100%

- B. Planter flexion
- C. Ulnar deviation
- D. Extension

286-a young girl who become very stressed during exams and she pull her hair till a patches of alopecia – 2 appear how to ttt:

- A. Olanzepin
- B. b)fluixiti**

287-pt with HTN presented with edema, azotemia,GFR: 44(not sure about the digits) what is the cause of her Kidney disease:

- A. bilateral renal artery stenoss
- B. diabetic nephropathy
- C. Reflux...??
- D. Renal tubular acidosis

288-In the Time of TB outbreak what will you give as a prophylaxis

- A. BCG
- B. Rifampicin .. mg PO

289-I hydroxide+ Mg hydroxide inhibits the intestinal absorption of which drug?

A. Chloramphenicol

290-which drug economical use twice a day

A. ibuprofen

B. Piroxicam

C. Indomethacin

D. Naproxen

291- 65 y/o pt. presented with hepatosplenomegaly and lymphadenopathy ...bone marrow bx confirm dx of CLL,, the pt gave hx of breast cancer 5 yrs ago and was treated with chemotherapy since then ,, the pt is also smoker what is greatest risk for developing CLL??

A. hx of radiation

B. smooking

C. previous cancer

D. age ??

292-female pt c/o sever migraine that affecting HER twice weekly, she don't want regular medication best ttt you give

A. triptan

B. beta bloker

C. amitrptalyin

D. bio feedback

293-. Patient with greenish nasal discharge, was treated before with antibiotic but with no benefit. Management:

A. Steroids

B. abx

294-Young patient with unremarkable medical history presented with SOB, wheeze, long expiratory phase. Initial management:

A. Short acting B agonist inhaler

B. Ipratropium

295-Young patient with pharyngitis, inflammation of oral mucosa and lips that has whitish cover and erythematous base, febrile, splenomegaly. Dx:

A. more common in children less than 14 yrs

B. EBV

C. HZV

296- Computer programmer, a case of carpal tunnel syndrome, how to splint:

a. Dorsiflexion(sure)

297- ttt of acute gouty arthritis

A. Allopurinol

B. Indometathin(sure)

C. Pencillamin

D. Steroid

298- what is the most reliable laboratory to estabilishe diagnosis of Acute gloerulonephritis ?

A. RBC cast in urine

B. increase WBC in urine

C. low HGB with normal RBC

D. small shrunk kidney by ultrasound

299- Gualine-Barrie syndrome is closely associated with which one of the following

- A. descending paralysis start from upper limb
- B. normal CSF
- C. ascending paralysis start from the lower limb (sure)**
- D. need ECG

300- Pt dx to have aortic stenosis ,, he is a teacher ,, while he was in the class he fainted,,, what is the cause??

- A. Cardiac syncope**
- B. Hypotention
- C. Neurogenic syncope

301-What is the most effective method to prevent the brucellosis infection:

- A. Treat the infected people
- B. Immunize the farmers & those who deal with the animals
- C. Get rid of all the infected animals
- D. Pastralization of the dairy products (my answer**

302-old female complain from rash then developed disne and lethargy What is the cause Subheretic dermatitis

- A. Urea depositin**

303- pt dx hypertension obese high NA intakethe cause of hypertension in this pt..

- A. high sodiam intak
- B. obesity**

304-patient has atrial fibrillation(AF) risk:

A. CVA

B. MI

305- patient complain of headache for long time best for treatment:

A. Beta blocher

B. Bio feedback

306- Adult Polycystic kidney mode of inheritance:

A. Autosomal dominant

307-Burnt death du to

A. Gas inhalation(my ans)

B. Septic shock

308- old female (ostoprosis) Fear from desk compression best treatment:

A. Decreas the wight

B. Take vitamin d and calcium (my answer)

309- breast feeding contra indication in;

A. Tp for 3 month

B. Asyptiomatic hiv (my ans)

310- verecella

A. give second dose only

311- HLA DM type 1 on

A. Dr3

B. Dr4(my answer)

312 - picture of large nodule in neck, O/E move with deglutition, what is the dx:

A. lymphoma

B. goiter

C. thyroglossal cyst (my answer)

313-Patient with COPD, Which of the following increase surveillance?

A. O2 home therapy(my answer)

B. Steroids

C. clpratropium

314-hypertensive pt using sildenafil , in his case it is contraindication to take :

A. CCB

B. B blocker

C. Nitrate

D. Diuretics

315-pt K/C of uncontrolled asthma moderate persistent on bronchodilator came with exacerbation and he is now ok, what you will give him to control his asthma :

A. Systemic steroid

B. Inhaler steroid(my answer)

C. Ipratropium

316-Case of hypothyroidism (cold intolerance + weight gain –

317-osteoporosis depend on

A. age (my answer) ???

B. b-stage

C. Gender

318-Psdo gout: ANSWER:deposition of calcium pyrophosphate dihydrate

A. Phosphate

B. Calcium

C. Fluoride

319-Case of osteoarthritis!!

320-Nisseria gonorrhea treatment:

A. Ceftriaxone true

321-Chronic fatigue syndrome:

A. Anti syphilis treatment(my ans)

B. Relieve by rest

322-Headache throbbing in the eye band like

A. Tension headache

B. Sinusitis headache

C. Stress

D. Migraine

323-blast cell

A. AML (blast cell is pathgenomic)

B. ALL

C. CML

D. CLL

324-PATENT PPD test positive for TB before anti TB treatment

A. repeat PPD test

B. do mantox test(my ans)

325-Mechanism of DKA

A. Hop glucose increase insulin increase ketone

326-Pt with cva came after 6h give him

A. Aspirin (my answer)

B. t- PA

C. colpidogril

D. heparin

327-pt IHD and obease bmi=28

A. Decrease weight and exercise benefit

328-Most common cause of intra cerebral hemorrhage the answer is

A. HYPERTION

B. Av malformation(my ans)

C. Pre exicting anurezem

329--All are primary prevention of anemia except:

- A. iron and folic acid in pregnancy and postnatal(my answer) -
- B. iron food in children
- C. limitation of cow milk
- D. genetic screen for hereditary anemia

330-Rebound phenomenon definition???

331-Holding breath holding

- A. Generalized convulsion

332-All in hypokalemia except:

- A. Hyper osmolar coma
- B. Phention toxicity
- C. Muscle paralysis

333-Pt with MI and after 5 days from TTT suffer SOB and crackles both lungs

- A. pulmonary embolism
- B. pneumonia(my answer)
- C. MI reg
- D. ortho reg

334-case cardiac canion a wave

- A. fistula
- B. BaD Q

335-Uric acid in body how the body removed by

- A. increase metabolism of uric acid in liver
- B. excretion of uric acid by lung

336- 17 yr old male pt with hx of multiple drug injection, otherwise healthy , came to ur clinic . what is the appropriate investigation that u have to do for him,

- A. ViralHep B???
- B. HIV???**
- C. Strep. Viredance
- D. MRSA

337- hemangioma in the back with 2 cm diameter what is ttt;

- A. excision
- B. biobsy
- C. observation**
- D. i forgot

338- hypocalcemia will be with all of the following except;

- A. ATN (acute tubular necrosis)
- B. Metabolic acidosis
- C. Chronic diarrhea
- D. Addison disease**

339-pt with LBBB, but has normal heart structure with good rate and rhythm, will go under dwntal procedure

- A. give abx before
- B. giveabx after
- C. no need to give**

340-which of the following choices is true about DM in KSA;

- A. a-IDDM is about 75%
- B. b-Most of DM pt are obese

341-20 year old male had been stabbed on midtriceps , one week later greenish discharge , On microscopic examination of this greenish fluid show gram positive cocci in chain ?

- A. Streptococcal gangrene**
- B. Chlostrideal gangrene
- C. Fournier's
- D. Gangrene
- E. Meningocemia

342-pt with sudden SOB , had posterior inferior MI, what is the cause;

- A. pulm.Embolesum**
- B. acute MR
- C. aute AS
- D. Arrythmia

343- best prevention of dust mites ,

- A. Cooling clothes
- B. Humid house with 80 % humidity
- C. Boiling cloths and linens**

344-side effect of prolong 100% oxygen

- A. retrosternal chest painting
- B. sizure**
- C. depression**

345- -sickler pt came with painful crisis what is the RX:

- A. managment outpatient + analgesic**
- B. hospitalization +analgesic
- C. refer to 3ry center

346. Major risk for stroke is

- A. HTN
- B. DM
- C. Smoking

347-EBV:

- A. Infectious mononucleosis

348- Aspirin mechanism

- A. COX inhibitor
- B. lipoxygenase

349. Increase survival rate in HF

- A. Enalapril
- B. Isosordil
- C. Furosemide
- D. Spironolactone

350- Mother hepatitis b brought her child +ve HBV vaccination:

- A. DTP Hib pneumococcal

351-. Pt heavy smoker and have emphysema presented with pneumonia regarding vaccination

- A. Pneumococcal and influenza vaccine after 2 wks
- B. Pneumococcal and influenza vaccine now
- C. Pneumococcal after 2 wks and influenza vaccine now
- D. Pneumococcal alone
- E. influenza vaccine alone

352- 25 year old presented painless scrotal mass with progressive increase in size on exam no transimulation

- A. Intraoperative and percutaneous biopsy
- B. Refer to urology**
- C. Reassure and appointment ater 1 month
- D. Testicular tumor is radiosensitive

353-65 year old pt with hallucination disorganization disorientation 2 days after femoral bypass surgery symptom been fluctuant in 2 next day :

- A. Multinfarct dementia
- B. Delirium????**
- C. Alzehimer dementia

354-Child with dark urine generalized body swelling hypertension HTN ur next step:

- A. urin analysis**
- B. RFT
- C. Renal biopsy**
- D. Urine sedmintation
- E. US

355- Case of osteoarthritis increase with move , decrease with rest.

356- Treatment of rosacea :

- A. tropical steroids or topical metrendozoidz plus
- B. systemic abx just in sever form and sys metrendizol just in extremely sever

**357-old pt have swollen knees and patella ballotment and fluid +ve ,,
what is the next step**

A-MRI

B-X RAY***

C-INCISION AND DRAINAGE

**358-35 YR old lady comes with complaint of swelling in the neck ,
swelling become firm large, and lobulated ,,pt complaints of
psychosis, weight gain, depression, sensitivity to heat and cold,
fatigue, bradycardia, constipation, migraines, muscle weakness
cramps and hair loss...during investigations TSH INCREASE &
T4DECREASE ,,diagnosis is**

A-Addison disease

B-Hashimoto thyroiditis***

C-Idiopathic hypoparathyroidism

D-Hypopituitarism

**359-old pt , smoker ,COPD , having cough and shortness of breath in
“ day time not at night how to treat him**

A-THEOPHILINE

B-IPRATROPIUM***

C- LONG ACTING

360-pt complaints of abdominal pain and joint pains ,,The abdominal pain is colicky in character, and accompanied by nausea, vomiting and diarrhea. There is blood and mucus in the stools. The pain in joints involved in the ankles and knees, ,, ,, on examination there is purpura appear on the legs and buttocks ,,

A-Meningococcal Infections

B-Rocky Mountain Spotted Fever

C-Systemic Lupus Erythematosus

D-Henoch scönlein purpura

361-long scenerio ,, bone mineral density ,having T score - 3.5,, so diagnosis is

A-OSTEOPENIA

B-OSTEOPOROSIS***

C-NORMAL

D-RICKETS DISEASE

362-pt having infection with flavi virus ,, prevention from the disease to contacts is

A-isolate the pt

B-separate his cloths

C- if vaccinated then contact will never get the disease

D-do nothing

363-which of following drugs not use in WHO treatment of leprosy:

A. Dapsone

B. clofazimine

C. rifampicin

D. holperidol(my answer

364-pt with asthma use short acting beta agonist and systemic corticosteroid> classification of treatment:

- A. Mild intermittent
- B. Mild persistent
- C. Moderate"
- D. Sever " (my answer (systemic corticosteroid used for severe cases)

365-question about asthma response to allergy and give 4graph A,B,C,D for allergic phase

366-pt with HTN and use medication for that , come complain of pain and swelling of big toe (MTJ) on light of recent complain which of following drug must be change:

- A. Thiazid

NOTE: SIDE EFFECT OF THIAZID IS GOUT

367-pt heavy alcohol drinking C\O forceful vomiting and retching , then vomiting with blood· Then blood stop Mx:

- A. Hydration my ans
- B. Surgery

368-picture of pelvic x-ray Dx: (I saw that the picture is normal but there is decrease in bone density(The x-ray is normal

- A. Osteoporosis (my answer(
- B. ankylosing spondylitis

369-Which true about alzheimier

- A. brain atrophy is not unusual generalized
- B. arteriosclerosing is most common cause

370-Patient coming after road traffic accident while distal small intestine and proximal large intestine remove, he complain of, what is the cause

A. vitamin B12 deficiency

B. folate deficiency

371-Eldery patient known case of AF came with abdominal pain , and bloody stool, What is the diagnosis

A. ischemic mesentery

372-Table with lung volume measurement (I could not remember the numbers(Patient was smoker , and stop smoking for 10years, now complaining of dyspnea, which type of pulmonary disease he has

A. restictive only

B. obstructive and restrictve

C. emphysema

373-30years old male , he is healthy , coming with suddenly shortness of breath with left side chest pain, on examination there is resonant on left side, what is the diagnosis

A. spontaneous pneumothorax

B. pulmonary embolism

C. pneumonia

374-Elderly came with sudden loss of vision in right eye with headache· investigation show high CRP and high ESR, what is the diagnosis

A. temporal arteritis

375-What is the more prognostic factor for Chronic granulocytic leukemia

- A. stage**
- B. bone marrow involvement
- C. age at discover

376-Elderly patient know case of IHD , you give him PRBC , but after that he suffer from fever with 38.5temperature, what you will do

- A. decrease rate of transfusion
- B. stop transfusion and treat patient with acetaminophen only
- C. stop transfusion and treat patient with mannitol and acetaminophen**

377-In outbreak of TB , what is the best way to prevent it

- A. give BCG**

378-Patient came comatose to ER with ingestion of many sleep pills, the doctor notice he is only grasp breath. Doctor do breath by mask, but nothing happen, what you will do

- A. continue one breath every 5seconds
- B. put him on recovery position
- C. intubation**
- D. do nothing till whole medical team coming

379-Patient came with pitting edema grade 1, where is fluid will accumulate

- A. arteriole
- B. veniole
- C. interstitial**
- D. capillary

380-Adult want to take varicella vaccine , how you will give

- a. 2dose, 2week apart
- b. 2dose, 6week apart
- c. 2dose, 6month apart
- d. 3dose, during 6months

381-What is true about treatment of streptococcus pharyngitis

A. decrease incidence of streptococcus glomerunephritis

382-Treatment of gonorrhea

- a. ceftriaxone
- b. pencillin
- c. gentamycin

383-Elderly patient have mitral valve prolapse , will go under dental procedure· what you will give for prophylaxis

A. nothing

384-22 years old patient newly diagnosed with DM type 1, when you will check his eye for diabetic retinopathy

- A. now , then annually
- B. After 3years then annually
- C. after 5years then annually

385-Patient with mild asthma, he want to join sport team, what is the question you will ask the patient to know the severity of activity on his asthma

- a. do you cough at night
- b. do you use your salbutamol inhaler more frequent

386-...clear case of cystic fibrosis ..pt whc repeated resp. infection...foul smell stool ,

A. chloride is increase

387-guess it is repeated from al qaseem ..qs was Dm pt with pain in knee joint O/E knee was red and swelling what wl u do next

A. XRAy

B. MRI

C. Arthocentesis for culture (my ans)

D. incision and drainage (i think fluid was there nt sure

388-BMI chart with qs female with wt of 24.5

A. underweight

B. over wt (my ans)

C. obese

389-pic of ECG with a QS pt with no pulse

A. vent. Tachycardia

B. atrial

C. Tachycardia

D. wolff-parkinson-white syndrome

E. tardive???

390-abt leprosy forgot bt easy it was abt diagnose (read leprosy) and other how to prevent leprosy

A. insect repellent (my ans(

391-flavi virus mode of transmission and vector

A. sand fly plus ?

B. mosquito plus ?(my ans(

392-pt with sore and red tongue ...lab values B12 was low cause

- A. pernicious anemia (my ans)**
- B. hemolytic anemia

393-bundle branch block causes

- A. aortic stenosis
- B. pulmonary stenosis
- C. mitral ??
- D. cardiomyopathy (my ans ..bt not sure(**

394-dg cause gastric ulcer

- A. ibuprofen**

395-old female pt with osteoporosis what is EXOGENOUS cause

- A. age
- B. dec vit D (my ans(**

396-40years old Pt. known to have crohn's Disease, came with fevers, hip and back pain, blood positive brown stool. on Examination, soft abdomen, normal bowel sounds, nprmal range of motion of hip. what is the best radiological diagnosis?

- A. Abd. US
- B. Abd. CT
- C. Hip CT
- D. IV venogram
- E. Kidney US

**397-Parents asking about Lyme disease for there children.
practitioner is mos correct to tell them (for prevention: (**

- a. kill vector**
- b. clothes of natural fibers
- c. antibacterial soap

398-Most Risk factor for stroke:

- a- HTN???**
- b- Atrial fibrillation??
- c- DM
- d- Smoking

399-Best exercise for Ischemic heart disease patients:

- A. Isotonic??
- B. Isometric
- C. Yoga
- D. Anaerobic??**

**400-Pt. Obese , Smoker, High LDL, High triglycerides, Low HDL,
past Hx of HTN but he didn't us his medications for the last 6months,
On Ex. BP=130/95. for better survival correct:**

- a- Smoking, Obesity, HDL
- b- Obesity, HTN, Cholesterol

401-Most specific test for PE:

- A. venography
- B. Ventilation Perfusion (V/Q)**
- C. X-ray

402-Cause of death for Ludwig Angina:

- A. Asphyxia**
- B. Septicemia
- C. Pneumonia
- D. Rupture free wall

403-treatment of pyoderma gangrenosum?

- A. Steroid**
- B. Topical antibiotics
- C. Oral antibiotics
- D. Methotrexate
- E. Plasma phoresis

404-pt with risk factor for developing infective endocarditis. He will underwent an urology surgery. And he is sensitive for penicillin. What you will give him?

- A. IV vancomycin plus IV gentamicin** cefazolin & clindamycin
- B. oral tetracycline??
- C. no need to give

405-long scenario about obese pt and his suffering with life...the important thing that he is snoring while he is sleeping...and the doctors record that he has about 80 apnea episode to extend that po2 reach 75% no other symptoms. Exam is normal. Your action:

- A. prescribe for him nasal strip
- B. prescribe an oral device
- C. refer to ENT for CPAP and monitoring refer for hospital**

406-pt with typical signs and symptoms of DVT which one of the following will increase her condition:

- A. DIC**
- B. Christmas disease(Haemophilia b

407-what is the pathophysiology infection in DM why they develop infection(

- A. decrease phagocytosis**
- B. decrease immunity
- C. help in bacteria overgrowth

408-pt came with pnemosistis carini infection. What is your action?

- A. Ax and discharge
- B. check HIV for him**

409-pt with DM and obese ,plane to reduce his wt is:

- A. decrease calories intake in day time
- B. decrease calories and increase fat
- C. decrease by 500 kcal/kg per week
- D. decrease 800 per day**

410-case about pt with papules in the genital area with central umbalicasation (hx of unprotected sex (Molluscum contagiosum(

a-Acyclovir

411-which one of the following is true about exercise:

- a. exercise decrease HDL
- b. exercise increase C reactive protein
- c. not useful in central obesity
- d. to get benefit...you have to exercise daily**

**412-pt with Hx of unprotected sex...cam with penile discharge
...culture done and revealed gram negative diplococcic Associated
picture of the discharge and the gram stain Your diagnosis:**

- A. chlamydia
- B. gonorrhea**
- C. strept
- D. staph

**413-pt wake up with inability to speak!!..he went to a doctor. He still
couldn't speak. But he can cough when he asked to do ..He gave you a
picture of his larynx by laryngoscope. Which grossly looks normal(!!
Your diagnosis:**

- A. paralysis of vocal cords
- B. infection
- C. functional aphonia** psychogenic aphonia

**414-young female with Hx of night sweat and wt loss for about 6
month splenomegaly-reed Sternberg cells in blood picture your
diagnosis is**

- A. Hodgkin's lymphoma**
- B. non-Hodgkin's lymphoma

415-Goodpasture's syndrome consist of the following:

- A. Pulmonary hemorrhage and glomerulonephritis**

416-pt with ARDS had pneumothorax...what do you think the cause?

- a. Lung damage** plus mechanical ventilation
- b. Central line insertion
- c. 100% o2

417-Pt had rheumatic episode in the past.. He developed mitral stenosis with orifice less than(...mm) (sever stenosis(This will lead to

- a. **Lt atrial hypertrophy and dilatation**
- b. Lt atrial dilatation and decreased pulmonary wedge pressure
- c. Rt atrial hypertrophy and decreased pulmonary wedge pressure
- d. Rt atrial hypertrophy and chamber constriction

418-cat bite predispose to skin infection by witch organism?

- a. Staph
- b. Strept
- c. **Pasteurella multocida**

419-Pt in TB outbreak has negative PPD ..best prophylaxis is:

- a. BCG
- b. Chemo prophylaxis
- c. rifampicin or isonizide

420-what is the drug that make Cholecystitis more worse?

- a. **Morphine** it will cause more contraction
- b. Naloxone
- c. Phosof...?
- d. Mepidine

421-pt with rheumatoid arthritis came with swelling in the knee. He asked you about the pathophysiology of that?

- a. **Synovial cells secretion substances**
- b. Prostaglandin hypersensitivity

422-Pt came to your clinic for check -up- O/E: you noticed Exophthalmos That she were not aware about it..how do you can measure or know the degree of this abnormality?

- a. Ask family members
- b. Ask for old photo
- c. Measure...something?

423-A old pt came to your clinic to chick for a macule on his back with typical characteristic of MALIGNANT MELANOMA (irregular borders ,asymmetric ,more than .7mm,brown-black colure(

Note: [Revise the ABCD mnemonic of melanoma](#)

424-when you prescribe wellburtin for smokers to help them to quit ,you have to ask them about what?

A. Hx of seizures

425-pt with rheumatoid arthritis ..asking you about permanent loss of joints .how to prevent it what is the true:

- a. Oil fish can help
- b. Alternative medicine has no benefit (I think non pharm manage is the best)
- c. **DRAMADs is sufficient** it is called **DMARDs**

426-about relative risk ...what does it equals

427-Pt came to you asking about why should we take influenza vaccine annually??what true thing you will tell him? Because:

- a. Antibacterial prophylaxis
- b. Change in mood of transmission
- c. **Changings in virus structure (something like that(**

428-pt with cervical spondylitis came with atrophy in Hypothenar muscle and decreased sensation in ulnar nerve distribution.. studies showed alertness in ulnar nerve function in elbow ..tour action is:

- a. Physiotherapy
- b. Cubital tunnel decompression**
- c. Bla bla bla

429-pt came with osteoarthritis and swelling in distal interphalangeal joint... what is the name of this swelling??

- a. Bouchard nodes (pip)
- b. Heberden's nodes**

430-what is boutonnière deformity in RA?

- a. PIP flexion with DIP hyperextension**
- b. PIP flexion with DIP extension
- c. PIP extension with DIP flexion

431-Old Pt was coughing then he suddenly developed pneumothorax best management:

- a. Rt pneumoectomy
- b. Intubation
- c. Tube thoracotomy** tube thoracostomy
- d. Lung pleurodesis

NB: no choice like needle aspiration in second intercostal space

432-Elderly pt . fever and infection by enterococcus fecalies, source of infection :Most likely

- A. urinary**
- B. -lung

433-Most reliable test to diagnose acute glomerular nephritis:

A. red cast in urine

434-Computer programmer , a case of carpal tunnel syndrome, positive tinnel test , how to splint:

A. Dorsiflexion

435-In cystic fibrosis the genetic defect in

A. -long arm of human chromosome 7

436-most common risk factor in intra-cranial hemorrhage is

A. -vascular hypertension

437-The heart increase its blood supply by

A. Dilate coronary artery

438-patient having chest pain radiating to the back, decrease blood pressure in left arm and absent left femoral pulse with left sided pleural effusion on CXR, left ventricular hypertrophy on ECG, most proper investigation to dx:

A. aortic angiogram

439-side effect of nitrate

A. sexual dysfunction

B. bradycardia

C. hypotension

D. throbbing headache

440-seizure drug which cause hair loss

A. sodium valproate

441-mother complain pain when she hold her baby in her wrist. OE radiostaloid tendenss , pain when extend and abduct the thumb dx??

A. gamer thumb

442-retired pt complaining of shoulder pain can't sleep from it now he can't left anything, OE

A. reduce range of motion x-ray erosion joint dx??

443-Most important to instruct pt about Lyme dis

A. Wear long fiber clothes

444-Qus about Degoxin toxicity

445-The useful exercise for osteoarthritis in old age to maintain muscle and bone

A. Low resistance and high repetition weight training

446-a pt presented with DKA & hyperkalemia & hypotension, best initial treatment

A. 2 liters NS with insulin infusion at rate of 0.1/kg

447-Elderly patient presented by SOB , rales in auscultation , orthopnea, PND, exertion dyspnea· what is the main pathophysiology

A. Left ventricular dilatation.

B. Right ventricular dilatation

C. Aortic regurgitation.

D. T tricuspid regurgitation

448-Which true about Alzheimer

a. brain atrophy is not unusual generalized

b. arteriosclerosing is most common cause

brain atrophy is focal in alzheimer disease, it means that it will effect specific lobes

449-30 years old male , he is healthy , coming with suddenly shortness of breath with left side chest pain, on examination there is resonant on left side, what is the diagnosis

a. spontaneous pneumothorax

b. pulmonary embolism

c. pneumonia

450-What is the more prognostic factor for Chronic graneulocytic leukemia

a. Stage

b. bone marrow involvement

c. age at discover

451-In outbreak of TB , what is the best way to prevent it

a. give BCG

452-Treatment of gonorrhea

a. ceftriaxone

b. pencillin

c. gentamycin

453-Pt with barrette esophagus , risk of get malignancy:

A. adenocarcinoma

B. squamous

454-Most common cause of CVA, Mostly embolic resource

A. AF

B. VSD

455-Pt elderly , with unilateral headache , chronic shoulder and limb pain ,positive Rheumatoid factor ,and +ve ANA ttt\:

A. aspirin

B. indomethacin

C. corticosteroid

456-Asthmatic child , how to decrease the allergy:

A. cover pillow and bed with impermeable material

B. throw the rug from house

457-Outbreak of TB , person found negative TUBERCULIN :

A. rifampicin

B. vaccination

**458-PICTURE CXR of pericardial effusion, TYPICAL presentation
S&S Most reliable test to diagnose Acute glomerular nephritis:**

A. red cast in urine

459-Pt with high total cholesterol 265mg/dl , LDL 150 , triglyceride 325 , HDL 100most single risk factor???

A. low LDL

B. High LDL

C. High HDL

D. low HDL

E. high total cholesterol

460-Best screening test for liver malignancy:

A. us+ liver biopsy

B. CT scan + Liver BIOPSY

C. CEA + AFP

AFB + US

461-Syncope due heart :

- A. rapid recovery

462-Most specific for diagnosis of pulmonary embolism:

- A. EKG
- B. Ventilation perfusion ratio (V/Q scan).
- C. pulmonary angiogram

463-Elderly pt .fever and infection by enterococcus fecalies, source of infection:

- A. urinary
- B. lung

464-FEMALE , analysis of urine test ,epithelial cells indicate

- A. vulvar contamination
- B. cervical tear
- C. renal stone
- D. UTI

465-Young female always eat fast food , you advice supplement of:

- A. zinc +vit. C
- B. vit. C+ folic
- C. vit.d+ zinc
- D. folic acid+ Ca

466-Male with collusion bicycle motor bike , closed head injury . can't direct spoon to his mouth , site of lesion:

- A. cerebellum
- B. partial lobe
- C. frontal

467-most common physiological cause of hypoxemia

- A. shunt
- B. Ventilation perfusion mismatch
- C. hypoventilation

468-teacher c/o malaise fever , right upper abdominal tenderness , two student develop same condition , eye become icterus, best CONFIRM diagnose:

- A. HBA IgG
- B. HBA IgM
- C. HBA core AB**

469-pt with BP of 180/140 ... you want to lower the Diastolic (which is true) :

- A. 110-100 in 12 hrs**
- B. 110-100 in 1-2 days
- C. 90-80 in 12 hrs
- D. 90-80 in 1-2 days

470-pt with wt loss , night sweat ,generalized lymphadenopathies , diarrhea , mild splenomegaly .. has a H/O blood transfusion at Kenya most likely Dx :

- A. HIV (my answer)**
- B. Lymphoma
- C. TB

471-Acute Gout Mx :

- A. Allopurinol (used as prophylaxis)
- B. NSAID (correct)
- C. Paracetamol
- D. gold salt

472-HBV serological marker (Know what is the 1st marker that rises and what rises at the window area and what rises after 20 wks)

HBsAg : indicate carrier state.

HBsAb : indicate provide immunity to HBV

HBcAg: associated with core of HBV

HBcAB: during widow period, HBcAb-IgM indicate recent disease

473-unstable angina dx:

- A. least grade II and new onset less than 2 months ago.
- B. usually there is an evidence of myocardial ischemia.**
- C. same ttt as stable angina.
- D. discharge when the chest pain subsides.

474-patient having chest pain radiating to the back, decrease blood pressure in left arm and absent left femoral pulse with left sided pleural effusion on CXR, leftventricular hypertrophy on ECG, most proper investigation to dx:

A. aortic angiogram

B. amylase level

C. cbc

D. echo

475-Na high, K low, HCo3 high:

A. primary hyperaldosteronism,

B. addison

C. pheochromocytoma

476-snoring + tonsillar enlargement:

A. weight loss,

B. CPAP,

C. adenoidectomy (correct)

477-COPD coughing greenish sputum, whats the organism?

A. staph aureus

B. strep pneumonia

C. mycoplasma

D. chlamydia

E. h.influenza

478-PMS symptoms relieved with:

A. fluxetine SSRI

479-Treatment of leishmaniasis

A. antimonial (SURE

480-Most important physiological process of hypoxia

A. ventilation/perfusion mismatch (SURE(

481-patient post-MI 5 weeks,c/o chest pain,fever,and arthralgia:

A. adressler's syndrome

B. meigs syndrome > not sure about the spelling

C. costochondritis

D. MI

E. PE

482-patient with chest pain-ray revealed pleural effusion, high protein & high HDL:

A. TB (SURE(exudative

B. CHF

C. hypothyroidism

D. hypoprotienemia

483-Treatment of bacteroides fragilis :

A. clindamycin (SURE(

484-pt with chronic heartburn, treated with antacids, no improvement wt next action:

A. another antacids

B. h2 blockers

C. PPIs (most likely)

D. prokinetic agents

485-drug used in systolic dysfunction heart failure:

A. nifedipine

B. deltiazm

C. ACEI

D. B-blocker

486-Congenital heart disease with greatest risk of endocarditis:

A. TOF

487-Young drug abuser should screen him for

A. HIV

B. hepB

C. staph

488-which one non-pharmacological is the most appropriate in hypertension

A. weight loss((my answer))

B. low-diet salt

C. decrease alcohol

D. stop smoking

489-Old patient after taking bath start to develop pruritus and weakness lab showing polycythemia , the mechanism of action

A. increase histamine sensitive

B. release abnormal histamine ((my answer))

490-Symptom of reflux esophagitis

A. minor the risk of MI

B. not effected by alkali

C. increase by standing

D. can be distinguish between it and duodenal ulcer

491-most common risk factor in intra-cranial hemorrhage is

A. trauma

B. vascular hypertension((my answer))

C. rupture aneurysm

492-An elderly lady presented with chronic knee pain bilaterally that increases with activity & decreases with rest. The most likely diagnosis is:

A. Osteoarthritis (true)

B. Rheumatoid arthritis

C. Septic arthritis

493-Most common cause of meningitis

N-meningitis

494-pt taking bupropion to quit smoking what is SE can happen

- A. Arrhythmia
- B. Seizure ((my answer buz word can happen))
- C. xerostomia
- D. Headache????

495-male old patient has S&S of facial palsy (LMNL) ; which of the following correct about it ;

- A. almost most of the cases start to improve in 2ed weeks
- B. it need ttt by antibiotic and anti viral
- C. contraindicated to give corticosteroid
- D. usually about 25 % of the cases has permanent affection

496-in cachectic patient, the body utilize the proteins of the muscles

- A. to provide Amino acid and protein synthesis

497-girl with band like headache increase with stress and periorbital , twice / week >>

- A. tension headache
- B. margin
- C. cluster

498-Pt has Hx of URTI , came complain from vertigo Most likely diagnosis is

- A. austic neuroma
- B. meniere's disease
- C. vestibular neuritis ((my answer))
- D. 4Benign positional vertigo

499-6 yr old presented with cola colored urine with nephrotic syndrome the first test you would like to do:

- A. Renal function test
- B. Urine microscopic sedimentation
- C. Renal ultrasound

500-Pt with sudden cardiac arrest the ECG showed no electrical activities with oscillation of QRS with different shapes. The underlying process is:

- A. Atrial dysfunction
- B. Ventricular dysfunction**
- C. Toxic ingestion
- D. Metabolic cause

501-year old had an episode of rheumatic fever without any defect to the heart. The patient need to take the antibiotic prophylaxis for how long:

- A. 5 months
- B. 6 years
- C. 15 years *it is 10 years if there is no heart defect
if there is , it will be for life*

502-Rebound phenomena

It cause by over use of vasoconstriction medication

503-Pt with adult respiratory distress syndrome.. he got tension pneumothorax.. what is the probable cause:

- A. severe lung injury**
- B. Negative pressure
- C. central venous line

504-The heart increase its blood supply by

- a. Pulmonary resistance
- b. Dilate coronary artery**
- c. Constrict aortic artery

505-HIV pt. with skin lesion show (spindle cells) Diagnosis:

A-Kaposi sarcoma

506-Young patient with pharyngitis, inflammation of oral mucosa and lips that has whitish cover and erythematous base, febrile, splenomegaly. Dx:

- A. Scarlet fever
- B. EBV (my answer) bc**
- C. HZV

507-What's true about Malaria : the most common cases is caused by

A. Plasmodium falciparum (vivax)

508-patient having chest pain radiating to the back, decrease blood pressure in left arm and absent left femoral pulse with left sided pleural effusion on CXR, left ventricular hypertrophy on ECG, most proper investigation to dx:

A. aortic angiogram((my answer))

B. amylase level

C. CBC

D. Echo

509-True regarding perths disease

A. Affect girl > boy

B. Common age 11-16

C. Always unilateral(probably) most of the cases are unilateral but can be bilateral

D. Painless

510-girl with hypokalemia, weight loss, erosion of tooth enamel:

A. Bulimia nervosa

B. Anorexia nervosa

511-how to prevent Lyme disease:

A. Protective clothes

512-case of meningitis "neck stiffness, photophobia..." how to treat contact:

513-common cause of intracranial hemorrhage:

A. Hypertension

514-Pt . had a closed head injury after that he cannot eat by using spoon?

A. Lesion

B. Cerebellum

515-Patient had URTI then he developed vertigo what it dx??

- A. Cholesteatoma
- B. BPPV
- C. Vestibular neuritis (true)

516-Pat has snoring in sleeping and on exam there is large tonsils

: what u will do for him

- A. Weight reduction
- B. adenoidectomy
- C. Tonsillectomy – most probably the choice was not there

517-Pain near eye preceded by tingling and parenthesis occur many times a week in the same time , also there is nasal congestion and eye lid edema ... dx?

- A. Cluster headache--- true most probably
- B. migraine with aura
- C. tension headache
- D. withdrawal headache

518-What is the most appropriate investigation to visualize the cystic mass :

- A. US/ --- true
- B. MRI/
- C. mammogram

519-Pt with hx of SCA.. he admitted many times to hospital due to crisis attacks : and know he came with abdominal pain and neck , body and arm pain ,, what u will do for him:

- A. Hospitalization and pain management and observation-- true
- B. Outpatient management hydration ,
- C. pain management and observation
- D. Give him narcotics

520-True about peritonitis

A. chemical erosion

521-What is true about appendicitis in elderly patients

A. rupture is common

522-Which of the following is the most important prognostic factors in CML:

A. Stage

B. age --- true

C. lymphocytic doubling time

D. involvement of bone marrow degree

523-Pt has pharyngitis rather he developed high grade fever then cough then bilateral pulmonary infiltration in CXR,,, WBC was normal and no shift to left:

A. dx(organism) Staphylococcus aureus

B. / staphylococcus pneumonia/

C. legionella /

D. chlamydia --- true

524-Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles , EMG showed cubital tunnel compression of the ulnar nerve , what is your action now :

A. Ulnar nerve decompression . (100 %sure)

B. Steroid injection .

C. CT scan of the spine .

525-Patient with sub aortic hypertrophy(hypertrophic cardiomyopathy):

- A. Will you give him prophylaxis before procedure/
- B. u will not give him

526-Patient with hx. of endocarditis and he will do an oral surgery :

- A. 2g amoxicillin before
- B. 2g after

527-Patient with peptic ulcer and he seek for medical dx:

- A. Endoscopy/ /..... true

528-Early pregnant come to your clinic, which of the following is most beneficial to do :

- A. CBC/
- B. urine preg test/
- C. US/ ---- true
- D. MRI/
- E. blood grouping and Rh

529-Ttt of trichomoniasis

- A. metronidazole--- true

530-70 y-o pt , come with investigations showed osteolytic lesion in skull, monoclonal spike, rouleaux formation>>>>

- A. multiple myeloma -- true

531-ulnar nerve injury

A. claw hand

532-radial nerve injury

A. wrist drop

533-median nerve injury

A. atrophy of interosus muscle

534-tarsal n injury

A. tarsal tunnel syndrome(correct)

535-positive menngiocoal tb

A. rifampicin 7 days --- true most probable

B. 3-single dose IM ceftriaxone

536- ulcerative colitis in compare to chron disease

A. fistula --- chron's disease

B. risk of cancer ---- ulcerative colitis

537-old age , smoker obese , intermittent diarrhea , bleeding per rectum , positive Stool guaiac test (to detect occult stool)

A. IDA

B. colorectal cancer

538--about ECG

A. p waves are caused by atrial depolarization

539-pharynx is congested and filled with mucus :

- A. croup barking cough low grade fever
- B. acute epiglottitis --- true most probable high grade fever

540-Proctalgia fugax ---- fugax means transient

Sudden severe anorectal pain lasting from seconds to minutes then disappear completely it's infrequent and occur chiefly in young men

541-Facial nerve injury

- A. Deviated mouth to the opposite site of lesion -- true

542-the most characteristic in Kawasaki?

- A. Strawberry tongue true

543-inferior infarction :

- A. changes in leads II, III, aVF -- true

544-DKA

- A. starvation cause increase of amino acids and fatty acids which utilize by the body
- B. Ketone body which excreted in urine
- C. decrease in insulin lead to → fattyacid → ketone bod --- true

545-which of the following true about headache :"

- A. -increase ICP at last of day --- so most probably
- B. -normal CT may exclude subarachnoid hemorrhage .--- wrong
- C. -amnursus fugax never come with temporal arteritis --- wrong
- D. neurological sign may exclude migrant--- wrong

546-patient came with cervical carcinoma next investigation :

A. -cone biopsy

B. Direct biopsy -pap smear

547-patient with typical sign of infectious mononucleosis come with-abdominal CT and IV fluid ????

A. antibiotic and IV fluid and observation

548-patient with hypersensitivity skin at back take paracetamol and develop vesicle at back extend to abdomen Dx :

A. Herpes zoster dermatomal distribution

549-ABG increase of Pa co2 with normal PH next step :

A. -give IV acyclovir --- if related to the previous so -- true

B. -give IV bicarb

C. give IV glucose

550-picture of viral warts

551-pt with asbestoses what is the specific sign :

A. Pleural calcification

552-dust mite how to prevent :

A. wash clothes with hot water ---- true

B. keep the house humid

553-pt with bilateral infiltration in lower lobe (pneumonia)which organism is suspected :

A. -ligonella (my answer)--- true

B. -klibsella

554-pt in crowded area and has pneumonia which vaccine you will give (long scenario)

A. hemophilus influenza (my answer)

B. meningococcal vaccine --- true most probable

555-pt in burn will die due to : -

A. smoke inhalation .

556-what vitamin you will give to prevent hemorrhagic disease of newborn :

A. Vit k

557-pregnant with thyroid function test and it is completely normal except high TSH ..what diagnosis :

A. Due to pregnant(my answer)

558-holding breath :

A. risk for generalize convulsion

559-elderly patient bedridden for long time what will you do :

A. -include family support (my answer)

B. -IV valium

560-you have difficulty to get information from patient ..next step:

A. -direct question

561-which drug contraindication in peptic ulcer :

A. -drug related to (NSAID)

562-degree of scoliosis to refer to orthopedic :

A. 20 degree

563-pt with dysphagia , weakness ,fasciculation:

A. -motor neuron disease --- true

B. -polyneuropathy

564-typical scenario of osteoarthritis

565-typical scenario of rheumatoid arthritis

566-pt with polymyalgia rheumatic treatment : (I advise you to read about it)

A. -prednisolone

B. -acyclovir

C. -antibiotic

567-typical scenario of bacteria vaginosis :

A. -fish odor discharge , clue cells .

568-treatment of thyroid carcinoma :

A. -surgical resection (my answer) .--- true

B. -radiotherapy -antithyroid drug

569-pt discharge with meningococcal meningitis and now asymptomatic ..what is next step:

A. -rifampin (my answer) not sure until now ..correct or not--- true

B. -ceftriaxon

C. -no vaccine

570-TTT of refractory hiccup?

A. Depend upon the etiology

571-Best TTT of somatization?

A. Multiple appointment ,

B. multiple telephone calling,

C. antideppresant,

D. send him to chronic pain clinic.

572-carpel tunnel syndrome

A. hand position

573-why influenza vaccine given annually?

A. Bacterial resistance ,

B. viral antigenic drift .---- true

574-TTT of miigrine

A. Sumatriptan

575-most common cause of intracerebral Hg

A. HTN

576-patient take sildenafil which drug must be avoided?

A. sildenafil elevate nitric oxide --- true

578-which is the following true about chronic fatigue syndrome?

A. Give him antidepressant,

B. rarely resolve with TTT. --- true

579-which is of the following true about pathophysiology of HTN?

A. Decrease sensitivity of baroreceptor,

B. peripheral vascular resistance ,---- true

C. fibroid change of the vessels

580-10 year old had an episode of rheumatic fever without any defect to

A. 5 months

B. 6 years

C. 15 years – true most probable

581-pt discharge with meningococcal meningitis and now asymptomatic ..what is next step:

A. -rifampin--- true

B. -ceftriaxon

C. -no vaccine

582-compliance of prophylactic anti-asthmatic drugs important to

A. reduce :airway inflammation, --- true

B. reduce eosinophil..

583-patient blood group A, they gave him blood group B and developed limper pain, dyspnea and hypotension why? Q was about mechanism

584-quick TTT for SVT (supraventricular tachycardia)?

A. Adenosine--- true

585-60 years old patient has only HTN best drug to start with:

A. ACEI

B. ARB

C. Diuretics

D. beta blocker

E. alpha blocker

586-most common cause of nephropathy :

A. diabetic nephropathy

587-drug induce lupus ?

A. hydralazine

588-case AF best TTT?

A. Digoxin

B. synchronized DC

589-How to prevent malaria:

A. Kill the vector and avoid mosquito bites ---true

B. Kill the vector and spray your clothes

C. Avoid and spray Something

590-Asbestosis :

- A. Bilateral fibrosis --- the end result
- B. Pleural calcification --- the specific sign

591- (picture) showing huge mass in the Rt side of the neck with normal skin color .. no other masses in the body and some signs :

- A. Tb
- B. Infectious mononeocrosis
- C. Lymphoma The most likely answer is C**

592-There is interaction between Carvedilol and :

- A. Warfarin
- B. Digoxin---- true**
- C. Thiazide

593-Scenario .. pt. suffering from wheezing and cough after exercise .. not on medications .. what's the prophylactic medication ?

- A. Inhaled b2 agonist---- true**
- B. Inhaled anticholinergic
- C. Oral theophylline

594-Which of the following doesn't cause ear pain ?

- A. Pharyngitis
- B. Otitis
- C. Dental caries
- D. Vestibular neuritis --- true**

595-Scenario .. 18 months has dental decay in the upper central and lateral incisors .. what's the cause of this caries ?

- A. Tetracycline exposure
- B. The family doesn't brush his teeth (something like this)
- C. Milkbottle --- true mostly**

596-Old patient .. stopped smoking since 10 years ... suffering from shortness of breath after exercise but no cough ... and there was a table $Fev1=71\%$

$Fvc=61\%$ $FEV1/fvc=95\%$

$Tlc=58\%$ What's the dx?

- A. Restrictive lung disease
- B. Asthma
- C. Bronchitis
- D. Emphysema
- E. Obstructive with restrictive ---- true**

597-Scenario .. diffuse abdominal pain, diminished bowel sounds .. x-ray showed dilated loop specially the transverse .. what's the dx?

- A. Acute pancreatitis---- true mostly**
- B. Acute cholecystitis
- C. Bacterial enteritis

598-Scenaria .. child sweats at night .. myalgia . arthralgia .. pericarditis .. what's the dx?

- A. Kawasaki --- true**
- B. Still's disease

599-Scenario .. patient with multiple pigmented spots and other symptoms .. +ve family Hx .. what's the dx?

- A. Neurofibromatosis ---- true**
- B. Hemochromatosis

600- Propylthiouracil mechanism of action :

- A. Inhibits release of thyroid hormone from the gland
- B. Inhibits release of hormone from thyroid globulin

C. Something about inhibit coupling and something about tyrosine - true

601-Cause hypertensive crisis:

- A. Enalapril
- B. Losartan

C. Hydralazine -- true

602-Hypertensive patient with liver cirrhosis , lower limb edema and ascites .. what to use ?

A. Thiazide --- true mostly ---- better K-sparing diuretic

- B. Hydralazine
- C. Something

603-Scenario about Acute pancreatitis .. how to feed ?

A. TPN

604-defecation .. 3-4 times a day Abdominal pain ... mucus diarrhea .. no blood .. relief after

A. Ibs (irritable bowel syndrome) --- true

B. Ulcerative colitis

605-Acromegaly .. the cause

A. Somatostatin == GH --- true

606-Boy with presented with painless neck mass .. hx for 5 weeks of fatigue generalize pruritis and mild cough .. dx

- A. Hodgkin's --- true**
- B. Lyme
- C. Infectious mono Maybe A

607-Fresh frozen plasma in what case ?

- A. Hemophilia a
- B. Hemophilia b
- C. Vonwillbrand
- D. DIC ---- true mostly**
- E. Coagulopathy form liver disease

608-In aseptic meningitis .. in the initial 24 hours what will happen?

- A. Decrease protein
- B. Increase glucose
- C. Lymphocytes --- true**
- D. Eosinophils
- E. Something

609-Doctor suspected meningitis in a pt. .. what's the immediate action for meningococcal

Note: Penicillin 1200 iv ... When meningococcal disease is suspected, treatment must be started immediately and should not be delayed while waiting for investigations. Treatment in primary care usually involves prompt intramuscular administration of benzylpenicillin

610-Ssri Pt after 2 month post MI cannot sleep what to give him

- A. zolpidem most probably**
- B. diazepam

611-obese, HTN cardiac pt with hyperlipidemia, sedentary life style and unhealthy food What are the 3 most correctable risk factor?

- A. HTN, obesity, low HDL
- B. High TAG, unhealthy food, sedentary life --may
- C. High cholesterol, unhealthy food, sedentary life – true mostly**
- D. High cholesterol, HTN, obesity

Note: hyperlipidemia = hypercholesterolemia and/or hyperTAG

612-15 years old with palpitation and fatigue. Investigation showed RT ventricular hypertrophy, RT ventricular overload and right branch block what is the diagnosis :

- A. ASD
- B. Vsd --- true**
- C. Coartation of aorta

613-Young pt with vague central abdominal pain then shifted to RLQ tenderness what is the diagnosis:

- A. Appendicitis – most probable**
- B. Diverticulitis – if meckel's it can be

614-he has gastric cancer he went to 6 gastroenterologist did 1 CT 1 barium enema and series of investigation all are normal what is the diagnosis:

- A. Hypochondriasis --- true**
- B. Conversion
- C. Somatization

615-75 y/o female c/o hip pain after walking and busy day also prevent her from sleeping and continue in the morning for several Middle age pt come complaining of abdominal pain and he think

- A. Osteoarthritis --- 75 true**
- B. Rheumatoid arthritis
- C. Depression ---- middle age true

616-70 y/o male pt c/o knee pain after walking imaging showed narrow joint space with hypochondral sclerosing what is the diagnosis:

- A. Osteoarthritis --- true**
- B. Rheumatoid arthritis
- C. Reactive arthritis

617-pt with HTN on diuretic he developed painful big toe what kind of

- A. Hydrochlorothiazide --- true**
- B. Furosemide

618-Pt with HTN on thiazide came to ER shouting from pain in LT big toe O/E the whole left leg is swollen and tender no fever what is the diagnosis:

- A. Cellulitis
- B. Gout attack --- true**

619-Table with investigation, Na 112 Osmolality 311 low What is the diagnosis?

- A. Conn's syndrome
- B. Cushing's syndrome
- C. SIADH--- hyponatremia is dilutional
- D. Diabetes insipidus ---- true**

620-What best explain coronary artery disease:

- A. No atherosclerosis
- B. Fatty deposition with widening of artery
- C. Atherosclerosis with widening of artery --- true**

621-Pt on long term steroid what are the main complication

A. Osteoporosis – true most probable

B. DVT

622-pt with asthma on daily steroid inhaler and short acting B2 agonist what category:

A. Mild intermittent

B. Mild persistent

C. Moderate --- true mostly

D. Sever

623-old pt. , with hx of MI 2 weeks back and discharge from hospital 24hrs prior to his presentation came with sudden lower limb pain and numbness ,on ex the limb pale ‘ cold>>the other limb normal what is the DX:

A. Acute artery thrombosis

B. acute artery embolus --- true most probably

C. DVT D

624-stickler pt. came with painful crisis what is the RX:

A. management outpatient + analgesic

B. hospitalization +analgesic -- true

C. refer to 3ry center

625-PTH high ,Ca low ,creatinine high ,vit d nomal DX:

A. vitamin d deficiency

B. chronic renal failure -- true

626-chilled with throat congestion and mutable and white patches at mouth and lips :

A. EBV --- true mostly

B. HSP

C. Adenovirus

627-pt. with leg or knee swelling >>>> last month have big toe swelling and receive NSAID , and improved

628-Q About gout:

A. due to septic deposit

B. deposit due to high saturation--- true

629-Allopurinol :

A. use in acute phase -- true

B. it is uricosuric

C. contraindication in chronic renal disease

D. decrease uric acid renal stone --- true

630-aspirin overdose

A. metabolic acidosis with respiratory alkalosis

631-old pt. ,she have MI and complicated with ventricular tachycardia, then from that time receive Buspirone. he came with fatigue, normotensive , pulse was 65 what INX must to be done

A. thyroid function --- true – most probable

B. liver and thyroid

632-young pt. with mild intermittent asthma, attacks once to twice a week, what's best for him as prophylaxis:

A. inhaled short acting B agonist – true

B. inhaled steroid

633-24 y. Female with new Dx of DM2, she weared glasses for 10 years, you will advice her to follow ophthalmic clinic every:

A. 6 months --- true

B. 12 months ---- true -- mostly

C. 5 years

D. 10 years

634-patient with hypo pigmented macules. loss of sensation. Thickened nerves. diagnosis was leprosy. which type

A. tuberculoid

B. lepromatous

C. borderline

635-female presented to ER with HCL burn on her face there was partial thickness burn. management

A. irrigation with water --- true

B. irrigation with soda bi carb

C. immediate debridement

636-chickpeas kidney and lentils contain which element of following

A. bromide

B. chromium

C. iron

D. selenium

637-a picture of JVP graph to diagnose. patient had low volume pulse, low resting BP, no murmur ,pedal edema.

A. constrictive pericarditis---- true

B. tricuspid regurgitation

C. tricuspid stenosis

D. pulmonary hypertension

638-treatment of psoriasis

639-case of viral gastroenteritis

640-50 years old female have DM well controlled on metformin ! now c/o diplopia RT side eye has ptosis and loss of adduction of the eyes and up word and out word gaze !! reacting pupil no loss of visual field

Something like that !!

The option :

A. Facial palsy

B. Oculomotor palsy of the rt side --- true

C. Myasthenia gravis !!

641-Bed ridden pt. he have confusion and fever blood culture shows enterococcus From where :

- A. Pneumonia
- B. Uti--- true**

642-Pt. have travel to Kenya and he received blood transfusion there now he c/o sore throat and generalized lymphadenopathy and tender spleen and hairy leukoplakia !

- A. HIV--- true**
- B. Lymphoma

643-True about dermatomyositis :

- A. a-associated with inflammatory bowel dz --- true**
- B. b-indicate underlying malignancy---- sometimes
- C. c-present as distal muscle weakness >>in some cases --- wrong

644-celiac dz . all should be avoided except :

- A. wheat
- B. oat
- C. rice --- true**

645-Tinea capitis RX.

- A. start Nystatin --- true**
- B. wood's lamp ---- for diagnosis(true)

646-Rosacea case (redness patch on face with telangiectasia) what is the ttt :

- A. Doxycycline**

647-Typical scenario about migraine and pt doesn't want DAILY medication :

- A. bio feedback --- true**
- B. BB
- C. CCB
- D. inhaled ergometrin

648-Culture >>H.influnza .. what's treatment ?

A. ceftriaxone

649-leukemia case .. lab (pancytopenia , leukocytosis , +ve myeloperoxidase) Dx is :

A. ALL

B. AML --- true

650-form Child with rash look like honey :

A. Impetigo

651. hematology case ... peripheral blood smear reveals target cell

a- SCD (sickle cell disease)

652. old pt. with progressive weakness of hand grip , dysphagia ,

a- Myasthenia gravis

653.What is the most effective method to prevent the brucellosis infection:

a-Treat the infected people

b-Immunize the farmers & those who deal with the animals

c-Get rid of all the infected animals

d-Pasteurization of the dairy products

654. Drug induce urticarea

a- Hydralazine

Note : Certain drugs may trigger urticarea

- salicylates eg aspirin
- opiates eg codeine, morphine
- indomethacin - an NSAID
- food preservatives eg. benzoates
- food dyes eg tartrazines
- atropine
- metronidazole
- phenytoin
- carbimazole
- cephalosporins
- quinine
- Hydralazine

655. patient has atrial fibrillation (AF) risk:

a- CVA

b- MI

656. patient complain of headache for long time best for treatment:

a- beta blocker

b- biofeedback

657. Adult Polycystic kidney mode of inheritance:

a- Autosomal dominant

658. Burn death due to

a-Gas inhalation

b-Septic shock

659. HLA, DM type 1 on

a- Dr3

b- Dr4

660. old pt. complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the x-ray , best effective ttt is :

a- Physiotherapy

b- NSAID

c- Surgery

661. hypertensive pt. using sildenafil , in his case it is contraindication to take :

a- CCB

b- B blocker

c- Nitrate

d- Diuretics

662. pt K/C of uncontrolled asthma moderate persistent on bronchodilator came with exacerbation and he is now ok, what you will give him to control his asthma :

a- Systemic steroid

b- Inhaler steroid

c- Ipratropium

663. Case of hypothyroidism (cold intolerance + weight gain, ... etc

A- hypothyroidism

664. In CPR :

A- Open the air way and give two breaths

c- Give two breaths for 2min and then chest compression

665. Pseudogout:

a- Phosphate

b- Calcium

c- Florida

d- calcium pyrophosphate

666. Case of osteoarthritis!!

667. Headache throbbing in the eye band like

a- Sinusitis

b- Headache

c- Stress (tension headache)

d- Migraine

668. Mechanism of DKA :

Note : DKA is characterized by hyperglycemia, acidosis, and high levels of circulating ketone bodies. The pathogenesis of DKA is mainly due to acidosis. Excessive production of ketone bodies lowers the pH of the blood; a blood pH below 6.7 is incompatible with life. Onset of DKA may be fairly rapid, often within 24 hours.

669. Most common cause of intracerebral hemorrhage

a- Arteriovenous malformation

b- Pre-existing aneurysm

670. Rebound phenomenon definition :

Note : is the tendency of some medications, in sudden discontinuation, to cause a return of the symptoms

671. In paracetamol toxicity:

- a- Pencilinemia
- b- N-acetylcysteine**
- c- K intake
- d- Dexoamin.....

672. Case (pericarditis)

- a- Pain in chest increase with movement..... sudden
- b- Best investigation are ECG**
- c- Best investigation are Cardiac enzyme

673. Case patient complain MI on treatment after 5 day patient have short of breath + crepitation on both lung

- a- pulmonary embolism
- b- pneumonia
- c- MR**
- d- AR

674. case cardiac cannon a wave :

NOTE: Cannon A waves, or cannon atrial waves, are waves seen occasionally in the jugular vein of humans with certain cardiac arrhythmias. When the atria and ventricles contract simultaneously, the blood will be pushed against the AV valve, and a very large pressure wave runs up the vein.^{[1][2]} It is associated with heart block, in particular third-degree (complete) heart block.^[3] It is also seen in pulmonary hypertension.^[3] This wave will cause pulsation in the neck and abdomen, headache, cough, and jaw pain.¹

675. Uric acid in body how the body removed by

- a- increase excretion of uric acid in urine
- b- increase metabolism of uric acid in liver
- c- excretion of uric acid by lung

676. Kawasaki syndrome;

- a- Strawberry tongue

677. Coarctation of aorta all true except

- a- Skeletal deformity
- b- Upper limb hypertension
- c- Systolic murmur on all pericardium

678. acute diarrhea with epithelial infiltration

- a- E- coli
- b- Salmonella
- c- Cholera
- d- Rota virus
- e- Shigella

679. old pat with pain after walking no edema

- a- Claudication

680. old pat with tachycardia pulse 150 otherwise normal

- a- TSH
- b- Stress ECG

681. to differentiate between sinus tachycardia from atrial flutter

- a- Carotid massage
- b- Artery massage

682. empirical treatment of peptic ulcer h. Pylori

- a- Omeprazole
- b- Clarithromycin
- c- Antihero

683. first sign of increase ICP

- a- HTN
- b- Decrease Level of consciousness

684. increase igG in CSF

- a- Multiple sclerosis
- b- Duchene dystrophy

685. Most important to instruct pt. about Lyme dis :

- a- Kill insect
- b- Wear long fiber clothes

686. young lady with emphysema

- a- A1 anti-trypsin def

687. pt. with hemoptysis , night sweat . Loss appetite .. X- ray apical cavity :

- a- Post primary TB
- b- Pneumonia

688. patient with pustule around the mouth the organism is herpes simplex what is the treatment

- a- Oral ab
- b- Topical ab
- c- Acyclovir
- d- Steroid (topical or oral)

689. drug cause gout

a- Hydrochlorothizide

B - Furosmide

690. high pitch diastolic murmur

a- MS

b- MR

c- MVP

691. stickler patient u treated with antibiotic for UTI u will discharge him with

a- Penicillin

NOTE: Stickler syndrome is a group of genetic disorders affecting connective tissue, specifically collagen

692. on going treatment for sticklers

a- iron therapy

b- Pencillin with immunization

693. mechanism of Cushing disease

a- Increase ACTH from pituitary adenoma

b- Increase ACTH from adrenal

694. pt. diabetic retinopathy the most u will deal with

a- HTN with smoking

695. drug used in treatment of CHF which decrease the mortality

a- B blocker

b- Verapamil

c- Nitrates

d- Digoxin

696. CHF with pulmonary edema . Treat with

a- Furosemide

b- Thiazide

697. patient with past of hx of endocarditis came to dental to do dental procedure , what antibiotic u will give as prophylaxis :

a- amoxicillin 2 mg before the surgery

b- amoxicillin 1 mg after the surgery

c- clindamycin 2 mg before surgery

d- clindamycin 1 mg after surgery

698. patient came with retrosternal chest pain , increase with laying dawn & sleeping , ECG and cardiac enzyme were within NL

a-give PPI

699. what is the most specific diagnostic for PE :

a-V/Q scan

b-pulmonary angiogram

c-chest x-ray

700. SE of sulfadiazine :

a. Leucopenia

701. 40 year old male , not known to have any medical illnesses , complaining of central obesity, acne , weakness , buffalo hump , hypertension :

a- cushing's disease

c- psuedocushing induced by alcohol intake

d- adrenal adenoma

e- adrenal ca

702. most common feature associated with chronic diarrhea :

a-metabolic alkalosis

703. scenario about primary biliary cirrhosis

NOTE: (Individuals with PBC may present with the following:

- Fatigue
- Pruritus (itchy skin)
- Jaundice (yellowing of the eyes and skin), due to increased bilirubin in the blood.
- Xanthoma (local collections of cholesterol in the skin, especially around the eyes (xanthelasma))
- Complications of cirrhosis and portal hypertension:
 - Fluid retention in the abdomen (ascites)
 - Hypersplenism
 - Esophageal varices
 - Hepatic encephalopathy, including coma in extreme cases.
- Association with an extrahepatic autoimmune disorder such as rheumatoid arthritis or Sjögren's syndrome (in up to 80% of cases)

704. acute fluid loss in the abdomen cavity what it will cause :

a-cardiogenic shock

b-neurogenic shock

c-septic shock

d-hypovolemic shock

705. scenario about hemophilia , what's the defect :

a- Clotting factor

706. typical scenario about essential HTN

707. 20 y/o male pt. came with cough , chest pain , fever , what antibiotic u should prescribe :

a- amoxicillin

b- ceftriaxone

708. pt. came with café au lait spots , what other things u'll look for :

a- axially freckling

709. qs about etiology of gout

710. von well brand disease how to treat:

b- fresh frozen plasma

c- factor VIII replacement

711. drug used in smoking cessation c/I in pt :

a- hx of seizure

712. prophylactic of plague

a- rodent eradication

713. qs abut EBV :

714. qs about COPD mx

715. qs pt. with arthritis , urethral discharge , culture of discharge came -ve for gonorrhea and chlamydia :

b- Reiter's syndrome

c- gonorrhea

716. pt. with skin rash , diarrhea , dementia :

A- Pellagra

717. qs about asthma :

718. What is contraindication for giving welbutrine (Bupropion)in smoking session ?

a- History of seizure

b- Hemolytic anemia

719. Sodium content in normal saline (0.9)

a- 50

b- 70

c- 90

d- 155 or 154

e- 200

720. The most important sign the physician should look in primary autonomic insufficiency ?

a- Orthostatic hypotension

b- Sinus arrhythmia

c- Horner syndrome

721. patient work in hot weather come with clammy cold skin ,hypotensive tachycardia

a- heat stroke

b- heat exhusion

NOTE : (Heat exhaustion: This condition often occurs when people are exposed to high temperatures especially when combined with strenuous physical activities and humidity. Body fluids are lost through sweating, causing dehydration and overheating of the body. The person's temperature may be elevated, but not above 104 F (40 C).

Heat stroke: Heat stroke, also referred to as heatstroke or sun stroke, is a life-threatening medical condition. The body's cooling system, which is controlled by the brain, stops working and the internal body temperature rises to the point at which brain damage or damage to other internal organs may result (temperature may reach 105 F or greater [40.5 C or greater]).

722. patient with red blood cell disorder ,with family hx of thalassimia

to confirm the dx :

a- increase the level of A2

b- genetic testing

723. polymyalgia Rhematica case with elevated ESR , other feature :

a-proximal muscle weakness

b-proximal muscle tenderness

724. regarding barret easophgitis which correct ?

a-risk of adenocarcenoma

b-risk of squamous cell CA

725. man change his job , he must in new job to talk in front of 50 persons , he feels that he can not do this and he send his friend to do that instead of him, who can you help him ?

1. propranolol

2. **Biofeedback**

726. Greatest reversible risk of stroke:

a-DM

b-Elevated blood pressure

c-Family history of stroke

d-Hyperlipidemia

e-Smoking

727. An elderly lady presented with chronic knee pain bilaterally that increases with activity & decreases with rest. The most likely diagnosis is:

a) Osteoarthritis

b) Rheumatoid arthritis

c) Septic arthritis

728. Treatment of herpes zoster in ophthalmic division:or how to prevent post herpetic neuralgia ;

a) Oral acyclovir alone

b) Acyclovir & Prednisolone

c) Prednisolone

d) IV Acyclovir

729. Old pt complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray best effective ttt:

a) Physiotherapy

b) NSAID

c) Surgery

730. male patient present with swollen erythem , tender of Lt knee and Rt wrist , patient give history of international travel before 2 month , aspiration of joint ravel , gram –ve diplococcic , what is most likely organism;

a-nesseria gonorrhea

b-staph coccus

c-strepto coccus

731. the initial non pharmacological measurement in osteoarthritis is :
a-strength of quadriceps muscle

732. long senior patient came with chest pain , burning in character , retrosternal , increase when lying down , increase after eating hot food, clinical examination normal DX:

a-peptic ulcer

b-GERD

733. about varicella vaccine in adult , which is true ;

a-2 vaccine apart of 1 month

b-2 vaccine apart of 6 month

d-3 vaccine apart of 6 month

Note: the correct answer is Two doses are always recommended. For people older than 13 the two doses are administered 4 to 8 weeks apart.

734. pt taking bupropion to quit smoking what is SE:

a. Arrhythmia

b. Seizure

c. xerostomia

d. Headache??

735. your advice to prevent plaque disease is:

a-hand washing

b-rodent eradication

c-spray insecticide

736. The useful exercise for osteoarthritis in old age to maintain muscle and bone:

a- Low resistance and high repetition weight training:

a. Conditioning and low repetition weight training

b. Walking and weight exercise

737. old male with stroke , after 9 day he loss left eye vision , what are the affect structure ;

a-frontal lobe

b-partial

c-occipital

d-temporal

738. regarding group A streptococcus infection , how lead to rheumatic fever;

a-blood dissemination

b-by causing pharngitis /tonsillitis

c- joint invasion

739. the most common regimen in TTT of uncomplicated community acquired pneumonia ;

a-azithromycine

b-flouroqunlone

c-penicilline

d-gentmycine

740. Patient was presented by back pain relieved by ambulation , what is the best initial treatment :

A. Steroid injection in the back .

B. Back bracing .

C. Physical therapy .

741. old patient , farmer , coming complaining of dry eye , he is smoker for 20 years and smokes 2 packs/ day , your recommending :

a. advise him to exercise

b. stop smoking

c. wear sunscreen

742. most important point to predict a prognosis of SLE patient : ??

a. degree of renal involvement

b. sex of the patient

c. leucocyte count

743. what is the prophylaxis of meningococcus meningitis:

a- rifampin.

744. how to prevent malaria?

NOTE : (Chloroquine 300mg/wk (one tab)

One wk before exposure

Every wk during exposure

4 wk after exposure)

746. male old patient has S&S of facial palsy (LMNL) ; which of the following correct about it ;

A- almost most of the cases start to improve in 2ed weeks

b- it need ttt by antibiotic and anti viral

c- contraindicated to give corticosteroid

d- usually about 25 % of the cases has permanent affection

747. in cachectic patient, the body utilize the proteins of the muscles to:

a- provide Amino acid and protein synthesis

748. patient with recurrent pneumonia and productive cough , foul smelling sputum increase with lying down + clubbing:

a- bronchiectasis

b- BA

c- Pneumonia

749. pt has HTN come with pulsatile abdomen swelling:

a- Abd. aortic aneurysm /

b- renal cause /

750. young pt came to ER with dyspnea and productive tinged blood frothy sputum , he is known case of rheumatic heart dz , AF and his cheeks has dusky rash dx :

a) Mitral stenosis

b) CHF

c) Endocarditis

751. Malaria :

a- the most common cases is caused by *Plasmodium falciparum*.

752. girl with band like headache increase with stress and periorbital , twice/week:

a- tension headache /

b- migrin /

c- cluster

753. old pt take hypercalcemic drugs and developed gout what is responsible drugs:

a- frosamide /

b- thiazide

754. status epileptics:

a- Continuous sizare activity more than 30 min without regaining consciousness

755. which of the following TTT contraindication in asthmatic pt:

a- Nonselective B blocker

756. TTT of opiod toxiacy:

A - Naloxone

757. most common cause of renal failure:

a- DM

758. strongesrt factore for intracerebral hemorrhage:

a- HTN

759. malaria case , beside (IN ADDITION TO) antiobtic how to prevent ?

a- Vector control

760. which of the following increase bone density and muscle strength:

a- Endurance and high exercise /

b- high repetition /

c- low repetition

761. Positive predictive value : Definition ?

Note: is the proportion of positive test results that are true positives (such as correct diagnoses).

762. Pt with HTN and multiple risk factors " obese +high sodium intake +alcohol intake + high potassium " which is most important RF for HTN ?

a- Obesity /

b- High Na intake/

c- High K intake /

d- alcohol

NOTE: And the most important action >> wt reduction

763. Femal come to family physician ask about diet that decrease CVD , (She has family hx) ?

a- Increase fruit and vegetable /

b- Decrease the intake of meat and dairy /

c- Decrease the meat and bread .

764. Most difficult method to prevented in transmission:

a- Person to person /

b- Vector /

c- Droplet /

d- Air flow

765. Clear case of osteoarthritis (bilateral knee pain incre with activity ?

766. Case back pain on walking and stiffness on muscle radiology show spinal stenosis , best ttt ?

a- Physiotherapy

b- NASID

c- Surgery

767. In diabetic retinopathy , most related factors:

a- HTN and obesity

b- HTN and smoking

c- Smoking and obesity

768. Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar scles, EMG showed cubital tunnel compression of the ulnar nerve, what is your action now?

a- Ulnar nerve decompression

b- Steroid injection

c- CT scan of the spine

769. 20 year old male had been stabbed on midtriceps , one week later greenish discharge , On microscopic examination of this greenish fluid show gram positive cocci in chain ?

a- Streptococcal gangrene

b- Chlostrideal gangrene

c- Fournier's gangrene

d- Meningocemia

770. pt was PDD –ve , now become + ve , there is no symptoms , normal x-ray, the management :

a- Reassure

b- Rifambicin and INH for 6 month /

c- Streptomycine for 7 month /

d- rifambicin for 6 months .

771. pt with COPD, Which of one increase surveillance ?

- a- O2 home therapy**
- b- Steroid
- c- Ipratropium

772. pt come to ER with AF, BP 80/60 what is the management:

- a- synchronized CD**
- b- Digoxin

773. old pt, bedridden , with bacteraemia , organism is enterococcus faecalis, what the source of infection:

- a- UTI**
- b- GIT

774. young female become flushing face and tremors when she talk to any one what ttt:

- a- Beta blocker**

775. case of Raynaud's phenomenon it was direct:

- a- pallor then cyanotic then red finger without other clinical features .**

776. read about rebound hyperglycemia in DM ?? somogyi and dawn phenomenon .

NOTE : Chronic Somogyi rebound, also called the Somogyi effect and posthypoglycemic hyperglycemia, is a rebounding high blood sugar that is a response to low blood sugar

Dawn phenomenon, sometimes called the dawn effect, is an early-morning (usually between 2 a.m. and 8 a.m.) increase in blood sugar (glucose) relevant to people with diabetes.^[1] It is different from Chronic Somogyi rebound in that dawn phenomenon is not associated with nocturnal hypoglycemia.

777. adult PTS with history of anemia sickle cell , he at risk of:

- a- infarction**

778. Old PTS with history of recent MI complain of pain of RT leg , on examination absence of pedal puls , cold RT leg and normal LT leg diagnosis is:

a- acute Arterial embolism .

779. Old PTS with history of recent MI complaining of sever abdominal pain , distention , bloody diarrhea, slightly raised serum amylase diagnosis is :

a- Ischemic colitis

780. An elderly lady presented with chronic knee pain bilaterally that increases with activity & decreases with rest. The most likely diagnosis is:

a- Osteoarthritis

781. Strongest risk factor to osteoporosis is :

a- smoking /

b- age

c- decrease exercise .

782. Aluminum salt will decrease absorption of :

a- tetracycline

b- penicillin

c- ??????..

783. Genital herpes C/C IS:

a- painful ,vesicular ,ulcer

784. Old PTNs with osteoporosis TTT for HTN with diuretic that prevent Ca loss complain of severe pain in big toe DX:

a- thizide

785. Old male come with CHF & pulmonary edema what is the best initial therapy:

- a- digoxin
- b- frosamide**
- c- debutamine

786. Painless penile ulcer what is next step:

- a- dark filed microscopy**

787. Adult with unilateral headache pulsetile increase with activity & light:

- a- migraine**

788. What is the antiviral drug that cause fever ,chills & muscle pain:

- a- interferon**

789. All of the following exaggerate the gastric ulcer except:

- a- decrease gastric empty time**

790. Adult only taken first dose of varcella vaccine:

- a- give him second dose only**

791. Carpal tunnel syndrome MENTAIN IN WHICH POSITION:

- a- dorseflexion**

792. Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles , EMG showed Ulnar tunnel compression of the ulnar nerve , what is your action now :

- a- Steroid injection .
- b- CT scan of the spine
- c- Ulnar nerve decompression /**

793. Adult with essential HTN BMI30-40,drink red win,high salt dite what is the best method to TTT HTN

a- Decrease weight

b- decrease win

c- decrease salte

794. Male patient have ARDS &on ventilation have manifestation of pneumothorax.

a- -ve pressure ventilation

b- lung damage

795. Patient with lacremation ,salivation, diarrhea, what is Antidote:

a- atropine&pralodexam

796. an old patient with the following labs Na was low and plasma osmolality or urine was low :

a) Cushing syndrome

b) Addison syndrome

c) Conn syndrome

797. Which of the following features is related to crohns disease :

a) Fistula formation

b) Superficial layer involvement

798. TTT OF SCABIES :

a. PERMETHIN

**799. PT CAME WITH RAPID BREATHING – ACETON SMELL
GLUCOSE 500 ?**

a. UNCONTROLLED HYPERGLYCEMIAL CASE

800. ON RETINA EXAMINATION NEOVASCULARIZATION (diabetic Pt. cense 20 years)

a-REFER TO OPHTHALMOLOGIST

b-DIET RESTRICTION

**801. PT HAS ASTHMATIC ATTACK WITH EXERCISE AND COLD
INITIAL DRUG ?**

a. SHORT B 2 AGONIST

b. STEROID INHALER

c. THIOPHYLINE

**802. PT WITH MENINGOCOCCAL MENINGITIS DRUG OF
CHOICE :**

a-PENICILLINE

b-DOXACILIN

NOTE : Treatment in primary care usually involves prompt intramuscular administration of benzylpenicillin, and then an urgent transfer to hospital for further care. Once in hospital, the antibiotics of choice are usually IV broad spectrum 3rd generation cephalosporins, e.g. cefotaxime or ceftriaxone

803. which drug C/I in case of obstructive hypertrophic cardiomyopathy ?

NOTE : in the case of obstructive hypertrophic cardiomyopathy (HCM), reduce . Avoid inotropic drugs if possible; also avoid nitrates and sympathomimetic amines, ... Avoid digitalis

804. regarding anticaogulation therapy?

a. vit k reverses the action of warfarin

805. pt is taking tx for glaucoma, now having SOB and Cough .. what medication is he on?

a-pilocarpine

b-timolol

806. pt has diarrhia and occult blood and colonoscopy is showing friable mucosa , biopsy is showing g crypt abcess....

a-crons

b-UC

807. acute loss of body fluid in abdomen will cause:

a-Sepsis

b-Hypovolemic shock

808. all are risks for IHD except :

a-High HDL

809. Strongest risk factor for stroke:

a-HTN

810. most common cause of nont-traumatic subarachnoid hem :

a-Rupture aneurysm

811. true about UC:

a-Increase risk of malignancy

812. true about crohn`s disease:

a-Fistula formation

813. what is common CHD associated with endocarditis :

a-VSD

b-ASD

c-PDA

d-Tetralogy

814. what is the best investigation regarding renal function:

a-Serum creatinine level

b-Inulin!! Level

815. pat. On (name of drug may be diazepam) complaining of muscle pain & spasm, also he complain of cubital spasm after removing :

816. LONG case of SCA at the end he ask about what of the following is best to give :

a-penicillin

817. why flu vaccine need to give annually :

a-Viral drift

818. old female complain from rash then developed disne and lethargy What is the cause ?

a- Sub heretic dermatitis (most probable)

b- Urea deposition

819. pt. with hypertension, obese high Na intakethe cause of hypertension in this pat ?

c- a-high sodium intake

d- b-obesity (most probable)

820. Patient with COPD, Which of the following increase surveillance?

- a) O2 home therapy (most probable)
- b) Steroids
- c) Ipratropium

821. pt with tingling of the little finger, atrophy of the hypo thinner, limitation of the neck movement, X-ray shows degenerative cervicitis, EMG study shows ulnar nerve compression, what will you do:

- a. Surgical cubital decompression (most probable)
- b. Cervical CT scan
- c. NSAID
- d. Physiotherapy

822. CPR ?

- a-2breath increase the chest (rise chest) (most probable)
- b-30-40% come back to life
- c-do DC 3 TIME

823. Patient have seizure and use 20 mg from diazepam but not improve

- A- increase the dose of diazepam to 40mg
- B- add phenytoin (most probable)
- C- add phenobarbitone
- d- add carbamazepine

**824. PATENT positive for t.b before anti tb treatment
What to do ?**

- a- repate ppd test
- b- do mantox test(most probable)

825. Pt with hx of stroke for 6 hour, what medication you will give him:

a- Aspirin

b- PA (most probable)

c- colpidogril

d- heparin

826. All are primary prevention of anemia exept:

A-iron and folic acid in pregnancy and postnasal(my answer)

B-iron food in children

C-limitation of caw milk

D- genetic screen for herdateriy anemia (most probable)

827. All in hypokalemia exept: I cant understand

a- Hyper osmolar coma

b- Phenytoin toxicity

c- Muscle paralysis

828. mitral stenosis :

a- LA hyper trophy with decrease plum ..

b- Left atrial hypertrophy and champerdilatation (most probable)

829. pt. live near industries came with attack of SOB the prophylactic

a. B agonist. (most probable)

b. Oral steroid

c. inhaled corticosteroid

830. rt lung has

a. 2 pulm veins

831. lab values all r normal except Na (hypernatremia) treatment

a. NS with kcl at 20 cc / hour (most probable)

b. NS with kcl at 80 cc\ hour

c. 1/2 ns ...

832. Pt. presented with severe hypothyroidism & serum sodium = 108. What do u do?

- a- Intubate, give 3% sodium then treat hypothyroidism status
- b- treat hypothyroidism & monitor S.NA level every 6 hours
- c- Give 3% sodium, hydrocortisone & treat hypothyroidism status (most probable)**

833. Acyanotic middle age man radiologically come with prominent pulmonary arteries and vascular marking ,most likely Dx?

- a. VSD
- b. ASD (most probable)**
- c. Co arctation of the aorta
- d. Truncus arteriosus
- e. Pulmonary valvular stenosis

834. Patient 42 years with 5 days history of skin eruption involving the hand and soles (no other information)dx?

- a. Erythema mutiforme (most probable)**
- b. Fixed drug eruption
- c. Pytriasis rosea

835. Patient work outside in hot weather 42C came to ER with muscle pain and cramps of the lower limb ,on examination he is alert ,cooperative ,temp 38, Managment

- a. Oral electrolyte replacement (most probable)**
- b. Internal cold water
- c. Warm intravenous fluid
- d. tepid water

836. Which of the following medication if taken need to take the patient immediately to the hospital :

- a. Penicillin
- b. diphenhydramine
- c. OCPs
- d. Quinine or Quinidine (most probable)**

837. Male patient have ARDS & on ventilation have manifestation of pneumothorax.

c- -ve pressure ventilation

d- **lung damage_(most probable)**

838. WHICH DRUG WE GIVE WITH ANALGESIC TO PREVENT S.E :

a. **Cimetidine (most probable)**

b. METOCLOPRAMID

839. PT WITH UTI ALLERGIC TO SULFA AND PENICILLIN?

a. NITROFURANTON

b. **CEPHLAXIN (most probable)**

c. SMT

840. GOLD STANDERS TEST IN RENAL FUNCTION ?

a- **CREATININE CLEARANCE (most probable)**

b- 24H CREATIN- RATIO

841. long scenarion of MI , the q is ,, inappropriate management :

a- **IV ca++ channel blocker (most probable)**

b- nitro paste

c- iv morphine

d- beta blocker

842. pt has EBV, during abdomen exam., became pale with tender LUQ :

- a. IVF/**
- b. Urgent CT
- c. rush him to OR

843. patient suspected to have connective tissue disease what is most favorable to SLE :

- a. Cystoid body in fundoscopy
- c. Cavitation in lung
- d. ve anti RNP+ (most probable)**
- e. Sever Raynaud phenomenon

844. patient with rheumatic heart disease and had mitral valve stenosis :

- a. Mitral valve diameter less than 1 mm
- b. Left atrial hypertrophy and decrease pulmonary pressure
- c. Left atrial hypertrophy and chamber dilatation
- d. RV hypertrophy and decrease pulmonary pressure
- e. RV hypertrophy and chamber dilatation

845. pt. with LBBB on ECG, otherwise normal regarding examination & echo, he will do dental procedure, what is your advice

- a- Endocarditis prophylaxis before procedure (most probable)**
- b- No need for prophylaxis**

846. which of the following is true regarding alzahimer :

- a. Brain atrophy will be more inhe means not diffuse atrophy
- b. Sulci widening more in frontal than occibital
- c. There is plaque

847. Benign tumors of stomach represent almost :

- a- **7 % (most probable)**
- b- 50 %
- c- 90 %

**848. Patient presented with chest pain for 2 hour With anterolaterl lead shows st elevation, providing no tPCI in the hospital
Management**

- a. **Streptokinase ,nitroglysrin ,ASA,beta blocker(my answer)**
- b. Nitroglysren ,ASA ,heparin beta blocker
- c. Nitroglysren ,ASA,beta blocker
- d. Alteplase , Nitroglysren , ,heparin betablocker

849. Patient came with dysphagia interferer with daily life ,past history of lymphoma treated with chemotherapy and radiation 2 years back and he did not follow in the last year,Face congested dx :

- a. Thorasic aortic anuresm
- b. Abdominal aortic aneurism
- c. **Svc obstruction**
- d. IVC obstruction

850. Increase the survival in COPD patient

- a. **Continuous oxygen**
- b. inhaled bronchodilator
- c. steroid

851. most common organism causing pneumonia in adult :

- a. streptococcus pneumonia**
- b. legionella
- c. hemophilus influenza type b

852. the digits pt with HTN presented with edema, azotemia, GFR: 44 (not sure about - 5) what is the cause of her Kidney disease:

- a. bilateral renal artery stenosis
- b. diabetic nephropathy
- c. Reflux...??
- d. Renal tubular acidosis

853. Al hydroxide+ Mg hydroxide inhibits the intestinal absorption of which drug?

- a. Tetracycline**
- b. Folic acid?

854. Most common cause of intra cerebral hemorrhage:

- a. ruptured aneurysm**
- b. Hypertension**
- c. Trauma

855. asking about duke criteria for diagnosis of infective endocarditis , what i remember :

- a) +ve culture + mitral valve regurg**

856. 55 y complain of dyspnea, PND with past history of mitral valve disease diagnosis is :

- a. LT side HF**
- b. RT side HF
- c. pneumothorax
- d. P.E.

857. prevent malaria what i remember

- a. vector eradicate+ prevent bite

858. man use saldinafil (Viagra), to prevent hypotension you should not use

- a. nitrate
- b. B blocker
- c. ACIE
- d. CCB

859. sickling pt after acute attack , discharge on

- a. penicillin (as a prophylactic)
- b. iron
- c. vitamin

860. Unilateral worsening headach , nausea , excacerbeted by movement and aggrevated by light in 17 old girl.

- a. Migraine (Photophobia, vomiting)
- b. Cluster

861. osteoporosis risk factor :

- a. > age
- b. no mention exogenous

862. most common cause of secondary HTN is

- a. Renal disease

863. exercise recommended for patients with CAD. Is :

- a. isometric
- b. isotonic
- c. yoga

864. HIV pt. have white patch in oral cavity and skin . what is the treatment:

- a. oral antibiotic (Doxycycline)
- b. loacal antibiotic
- c. local steroid
- d. chemo & radio theraby

865. what type of edema in CHD

- a. alveolar
- b. interstitial**

866. case about abdominal aortic aneurysm :

867. lesion in brain for taste :

- a) Temporal lobe ?**
- b) Cerebellum
- c) Parietal lobe
- d) Occipital lobe

868. brain cell death in alzheimer disease (not recognized his wife and fighting with her)

- a. Temporal lobe**
- b. Cerebellum
- c. Parietal lobe
- d. Occipital lobe?

869. Seldinfil is contraindicated with:

- a. Nitrate**
- b. Methyldopa
- c. Gabapentine

870. Young patient with pharyngitis, inflammation of oral mucosa and lips that has whitish cover and erythematous base, febrile, splenomegaly. Dx: (this is infectious mono)

- a. Scarlet fever
- b. EBV**
- c. HZV

871. 50 year old Man presented to ER with sudden headache, blurred of vision and eye pain. The diagnosis is:

- a. Acute glaucoma**
- b. Acute conjunctivitis
- c. Corneal ulcer

872. Patient with rheumatoid arthritis came to you and asking about the most effective way to decrease joint disability in the future, your advice will be:

a. Cold application over joint will reduce the morning stiffness symptoms

b. Disease modifying antirheumatic drugs are sufficient alone

873. Young man predicts that he is going to have a seizure, then he became rigid for 15 sec then developed generalized tonic clonic convulsion for 45 sec. your initial ER action in future attacks will be :

a. insert airway device.

b. Apply physical splint or protection.

874. Patient with disc prolapse will have:

a. Loss of ankle jerk

b. Fasciculation of posterior calf muscles.

c. Loss of Dorsiflexion compartment of the foot.

d. Loss of the sensation of the groin and anterior aspect of the thigh.

875. What's true about Malaria : the most common cases is caused by

a. Plasmodium falciparum.

876. Patient works most of the time on the computer came with wrist pain, positive Tinel sign you will do cast for the hand so the hand position should be in :

a. Dorsiflexion sure 100%

b. Planter flexion

c. Ulnar deviation

d. Extension

877. DM obese lady, newly discovered type 2, compliance with diet and exercise, when start medication she felt dizziness, dry mouth, which drug cause her symptoms:

a. sulfonurea

871. Patient respiratory problem, foul smelling, CXR bilateral lesion at base of lung, hemoptysis, finger clubbing:

a. bronchiectasis

872. Middle aged 23 y/o not known to have any medical illness apart of annular lesion in mouth with painless ulcer ,presented with fever, arthritis, and rash mainly in the palms and soles ,,, he gave hx of illegal relationship ,,, mostly he is having??

a) 2ndry syphilis?

873. First sign in increase intracraineal pressure:

a. vomiting

b. nausea

c. ipsilateral pupil constrict

d. cotralateral pupil constrict

e. decreased level of consciousness

874. Known alcoholic chronic for long time, present with lymph node in mid cervical , your action:

a. larygoscop

b. excitional biopsy

c. needle biopsy?????

875. Most common cause of CVA, Mostly embolic resource

a. AF

b. VSD

876. what is the most reliable laboratory to estabilishe diagnosis of Acute gloerulonephritis ?

a. RBC cast in urine

b. increase WBC in urine

c. low HGB with normal RBC

d. small shrunk kidney by ultrasound

877. which one of the following anti TB medication is consider as drug induce SLE

a. ethambutol

b. INH

c. streptomycin

d. rifampin

878. y/o boy came with abdominal pain and vomiting and leg cramp blood test was done and random glucose = 23 {{ pic. of DKA , what is the most important next step

- a. abdominal ultrasound
- b. ABG**
- c. urine analysis by dipstick
- d. chest x- ray

879. the physician will look in patient with idiopathic autonomic insufficiency for which one of the following :

- a. absent sinus tachycardia
- b. muscle wasting
- c. orthostatic hypotension**
- d. Horner's syndrome

880. which one of the following is a MINOR criteria for rheumatic fever ?

- a. arthritis
- b. erythema marginatum
- c. chorea
- d. fever**

881. regarding mitral stenosis which one is true

- a. **mid diastolic murmur low pitch.**

882. Which congenital heart condition is the most common associated with endocarditis :

- a. VSD
- b. ASD
- c. PDA
- e. TOF (most likely)**

883. 65 y/o pt. presented with hepatosplenomegaly and lymphadenopathy ...bone marrow bx confirm dx of CLL,, the pt gave hx of breast cancer 5 yrs ago and was treated with chemotherapy since then ,, the pt is also smoker what is greatest risk for developing CLL??

- a. hx of radiation**
- b. smoking
- c. previous cancer
- e. age

884. female pt c/o sever migraine that affecting HER twice weekly, she don't want regular medication best ttt you give

- a. triptan
- b. beta bloker
- c. amitrptalyin
- d. bio feedback**

885. Young patient with unremarkable medical history presented with SOB, wheeze, long expiratory phase. Initial management:

- a. Short acting B agonist inhaler**
- b. Ipratropium
- c. Steroids
- d. Diuretic

886. Computer programmer, a case of carper tunnel syndrome, how to splint:

- A. Dorsiflexion(sure)**

887. the treatment of acute gouty arthritis with:

- a. Allopurinol
- b. Indometathin**
- c. Pencillamin
- d. Steroid

888. old pt c/o bilateral knee pain with mild joint enlargement ESR and CRP normal dx :

- a. Osteoarthritis**
- b. Rheumatoid arthritis
- c. Gout
- d. Osteoporosis

889. Pt dx to have aortic stenosis ,, he is a teacher ,, while he was in the class he fainted,,, what is the cause??

- a. Cardiac syncope**
- b. Hypotention
- c. Neurogenic syncope

890. known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles , EMG showed cubital tunnel compression of the ulnar nerve , what is your action now?

- a. Cubital tunnel release- decompression**

891. commonest cause of intracerebral haeg.:

- a. aneurysm
- b. trauma
- c. Hypertension**

892. headache , which true:

- a. normal CT can exclude subarachnoid haeg.
- b. cluster headache more in male .**

893. about iron def anemia

- a. presented with low MCV and low MCH, others normal.**

894. Patient with left bundle branch block will go for dental procedure, regarding endocarditis prophylaxis:

- a. No need**
- b. Before procedure.
- c. After the procedure.

895. DM with albuminuria treatment :

- a) ACEI**

896. the most common cause of sub arachnid hemorrhage

- a. aneurism**
- b. av malformation
- c. htn

897. Old patient with asthma and urine retention due to prostatic enlargement, hypertensive (BP: 180/100) what's the most appropriate drug to control hypertension?

- a. Labetalol
- b. Phenylamine**
- c. Propanolol

898. Which one of the following drug consider as drug induce urticarial :

- a. Azithromycin
- b. hydralazine
- c. cortisone
- d. Penicillin (100%)**

899. regarding Boutonniere deformity which one is true

- a. flexion of PIP & hyperextension of DIP.**
- b. flexion of PIP & flexion of DIP
- c. extension of PIP & flexion of DIP.
- d. extension of PIP & extension of DIP

900. 17 years old with type I DM, he is mostly has association with HLA:

- a. DR 4.**
- b. DR 5.
- c. DR 7.
- d. DR 9.

901. All can cause gastric ulcer except:

- a. Tricyclic antidepressant.**
- b. Delay gastric emptying.
- c. Sepsis.
- d. Salicylates.
- e. Gastric outlet incompetent

902. pt taking lasix having CHF and his electrolytes showed hypokalemia, hyponatremia, hyperglycemia, hypochloremia and high urea and he had muscle cramps and weakness u will give :

- a. NS with 5 KCl in 20cc/hr
- b. NS with 40 KCl in 80cc/hr (my answer)**
- c. 2Ns with 5kcl in 20cc/hr
- d. 2 NS with 40 kcl in 80cc/ hr

903. 19y/o not known to have any medical illness ,presented with fever, arthritis, and rash mainly in the palms and soles ,,, he gave hx of illegal relationship ,,, mostly he is having??

- a. chancroid
- b. 2ndry syphilis**
- c. Chlamydia trachomatis

904. Which of the following finding suggesting anemia of chronic disease:

- a. Increase serum iron and increase TIBC.
- b. Decrease serum iron and increase TIBC.
- c. Decrease serum iron and decrease TIBC.**
- d. Increase serum iron and decrease TIBC.

**905. PT case of CHF , loved to eat outdoor 2-3 time weekly
u advice him:**

- a. eat without any salt
- b. eat 4 gm salt
- c. low fat, high protein???**

906. Cardiac syncope:

- a. Gradual onset
- b. Fast recovery ?**
- c. Neurological sequence after

907. A middle age man presented with severe headache after heavy lifting objects. His BP was high. He was fully conscious. Examination was otherwisenormal. the most likely diagnosis is:

- a. Subarachnoid hemorrhage ????
- b. Central HTN
- c. Tension headache**
- d. Migraine
- e. Intracerebral hemorrhage

908. Young patient with pharyngitis, inflammation of oral mucosa and lips that has whitish cover and erythematous base, febrile, splenomegaly. Dx:

- a. more common in children less than 14 yrs
- b. EBV**
- c. HZV

909. metabolic acidosis and anion gap 18 ,,, what is the most likely drug she ingested??

- a. paracetamol
- b. aspirin**
- c. citalopram
- d. amitriptyline

910. Pt elderly , with unilateral headache , chronic shoulder and limb pain , positive Rheumatoid factor ,and +ve ANA is treat with :

- a. asprine
- b. indomethacine**
- c. corticosteroid**

911. old pt. , with hx of MI 2 weeks back and discharge from hospital 24 hrs. prior to his presentation came with sudden lower limb pain and numbness ,on ex the limb pale , cold the other limb normal what is the DX:

- a) Acute artery thrombosis
- b) acute artery embolus**
- c) DVT D

912. sicklier pt. came with painful crisis what is the RX:

- a) management outpatient + analgesic
- b) hospitalization +analgesic**
- c) referred to 3ry center

913. PTH high ,Ca low ,creatinine high ,vit.D normal DX:

- a) vit d deficiency
- b) chronic renal failure**

914. pt with leg or knee swelling , last month have big toe swelling and received NSAID , and improved

- a) About gout

915. Allopurinol :

- a) use in acute phase
- b) b-it is uricosuric
- c) c-contraindication in chronic renal disease
- d) decrease uric acid renal stone**

916. With asprin overdose

- a) metabolic acidosis with respiratory alkalosis**

917. Case scenario plural effusion , cardiac effusion e low protein, LDH <<<<<< ,I forget THE number <<<what is the cause

- a) a-Tuberculosis
- b) b-heart failure**

918. old pt. ,she have MI and complicated with ventricular tachycardia,then from that time received Buspirone what Investigation must to be done

- a) thyroid function
- b) liver and thyroid**

919. The best ttt for binge eating disorder:

- a) **cognitive - behavioral therapy**
- b) problem - solving therapy
- c) interpersonal therapy

920. bad breath smell with seek like structure, no dental caries & Investigation are normal, what's the likely cause:

- a) **cryptic tonsillitis**
- b) Sojreen's synd.

921. 24 y. Female with new Dx of DM2, she wear glasses for 10 years, you will advise her to follow ophthalmic clinic every:

- a) 6 months
- b) **12 months**
- c) 5 years
- d) 10 years

922. patient with hypo pigmented macules. Loss of sensation .thickened nerves. Diagnosis was leprosy. Which type

- a) **tuberculoid**
- b) lepromatous
- c) borderline

923. chickpeas. Kidney beans and lentils contain which element of following

- a) bromide
- b) chromium
- c) **iron**
- d) selenium

924. a picture of JVP graph to diagnose. Patient had low volume pulse, low resting B/P.no murmur. pedal edema.

- a) **constrictive pericarditis**
- b) tricuspid regurge
- c) tricuspid stenosis
- d) pulmonary hypertension

925. 46 y/o male came to ER with abdominal pain but not that sever. He is hyperlipidemia ,smoking ,HTN , not follow his medication very well , vitally stable ,, o/E tall obese pt. . mid line abdomen tenderness , DX

- a) marfan's syndrome
- b) **aortic aneurism**

926. elderly patient K/c of HTN and BPH , which one of the following drug Is potentially recommended as such case :

- a) atenolol
- b) **terazosin**
- c) losartan

927. Gualine-Barrie syndrome is closely associated with which one of the following :

- a) descending paralysis start from upper limb
- b) normal CSF
- c) **ascending paralysis start from the lower limb (**
- d) need ECG

928. regarding right lung anatomy which one is true :

- a) one fissure
- b) pulmonary segment
- c) no relation with azygus vein
- d) **2 pulmonary veins**
- e) no sibson's fascia

929. Patient on Amitriptyline 30 mg before bed time, wakes up with severe headache and confusion, what's the appropriate action?

- a) Shift him to SSRI's ????
- b) Change the dose to 10 mg 3 times daily
- c) continue on the same

930. Old pt complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray of MODERATE spondylo arthropathy best effective ttt:

- A/ Physiotherapy
- B/ NSAID
- C/ Surgery
- D/ bed rest

931. middle aged pt with ataxia , multiple skin pigmentation and decrease hearing , one of the family member has the same condition , what is the most likely DX :

- a) Malignant melanoma
- b) neurofibromatosis (my answer)
- c) hemochromatosis
- d) measles
- e) nevi

932. The most cause of tinnitus:

- a) vitiligo
- b) Sensory neural deafness
- c) acute otitis media
- d) noising induce tinnitus.

933. sickle cell anemia complication related to CNS

- A. Infarction

934. Elderly pat with dementia and change in his behavior (many things including agitations) which lobe in brain affected :

- a) Frontal
- b) Occipital
- c) Temporal**
- d) Partial
- e) Cerebellar

935. Old age female , with history of excision of breast tumor with radiation therapy , now the blood film and bone marrow biopsy prove CML , what's the most risk factor responsible for her condition?

- a) age
- b) previous cancer
- c) radition**

936. 20 year old male k/o tachypnea cough and fever previously normal , normal lung function test ,x-ray show infiltration of lower lope , what u will give him ?

- a. Cefuroxime
- b. Amoxicillin**
- c. Cipro....

937. patient with past of hx of endocarditis came to dental to do dental procedure what antibiotic u will give as prophylaxis :

- a) amoxcilline 2 mg before the surgery**
- b) amoxcilline 1 mg after the surgery
- c) clindamycine 2 mg before surgery
- d) clindamycine 1 mg after surgery

938. patient came with retrosternal chest pain , increase with laying dawn & sleeping , ECG and cardiac enzyme were within normal level

- a) -give PPI**

939. what is the most specific diagnostic for PE :

A-V/Q scan

B-pulmonary angiogram

C-chest x-ray

940. SE of sulfodizene :

a) Leucopenia

941. 40 year old male , not known to have any medical illnesses , complaining of central obesity, acne , weakness , buffalo hump , hypertension :

a) Cushing's disease

b) psuedocushing induced by alcohol intake

c) adrenal adenoma

d) adrenal ca

942. most common feature associated with chronic diarrhea :

A. metabolic alkalosis

943. typical scenario about primary biliary cirrhosis

944. acute fluid loss in the abdomen cavity what it will cause :

a) cardiogenic shock

b) neurogenic shock

c) septic shock

d) hypovolemic shock

945. typical scenario about essential HTN

946. 20 yrs. male pt came with cough , chest pain , fever , what antibiotic u should prescribe :

A-amoxicilline

B-ceftriaxone

947. qs about osteoarthritis you'll look for :

A-axially freckling

948. pt came unable to do thumb opposition :

A. Median nerve injury
pt came with café au lait spots , what other things

949. qs about etiology of gout

950. elderly pt came with hx of coma and hypotension , before the coma she complained of epigastric pain , most likely due to

A-AAA small leakage

951. prophylactic of plague

952. pt female with sever hip pain , increase with walking , after busy day , awake her almost all the night , ass with morning stiffness :

a) osteoarthritis

b) osteoporosis????

953. qs pt with arthritis , urethral discharge , culture of discharge came –ve for gonorrhea and chlamydia :

A-Reiter's syndrome

B-gonorrhea

954. Old female pt, c/o polyuria, polydipsia, dysuria for one year, she received many courses of antibiotics but no improvement, the physician should now think of :

- A. Traumatic urethritis
- B. Interstitial pyelonephritis
- C. Diabetes mellitus

955. a pt presented with DKA & hypokalemia & hypotension, best initial treatment :

- a) 2 liters NS with insulin infusion at rate of 0.1/kg**
- b) 2 liters NS with KCl 20 meq**
- c) dextrose with insulin
- d) give NaHCO₃

956. hepatitis can be confirmed in pregnant lady by elevation of :

- a) ESR
- b) ALP
- c) WBC
- d) SGOT**

957. Last trimester pregnant lady develop sudden left leg swelling . extend from left inguinal down to whole left leg , ttt

- a) venogram, bed rest, heparin
- b) duplex, bed rest ,heparin**
- c) pleosonography, bed rest, caval filter
- d) duplex ,bed rest ,warfarine

958. Pt osteopnia in femure with increase serum alkaline phosphatase , normal serum calcium, normal phosphate ,normal vit d: ttt

- a) estrogen receptor modulator
- b) calcium regulator
- c) bisphosphonate

959. Old female ,fear from desk compression and fracture :

- a) Vit.D calcium????
- b) wt. reduction
- c) progesterone

960. Outbreak of TB , person found negative TUBECLIN :

- a) rifampicin
- b) vaccination

961. PICTURE CXR of pericardial effusion, TYPICAL presentation S&S

962. 80 y/o male CASE HTN on ttt with mild benign prostatic enlargement , causes feeling of incomplete voiding

- a) alpha blockers
- b) surgery

963. Chronic gastric ulcer , pt intake a lot of antacid , no still complain TTT :

- a) H₂ antagonist
- b) proton pump inhibitor

964. Elderly pt . fever and infection by enterococcus fecalies, source of infection:

- a) urinary
- b) -lung

965. Pt with high total cholesterol 265mg/dl , LDL 150 , triglyceride 325 , HDL 100 most single risk factor???

- c) low LDL
- d) -High LD
- e) -High HDL
- f) -low HDL
- g) -high total cholesterol

966. Best screening test for liver malignancy:

- a) us+ liver biopsy
- b) CT scan + Liver BIOPSY
- c) CEA + AFP

967. Young female always eat fast food , you advice supplement of:

- A. zinc +vit. C
- B. vit. C+ folic
- C. vit.d+ zinc
- D. folic acid+ CA

968. Exercise recommended for osteoporosis pt.

969. Male with collusion bicyclic motor bike , closed head injury . cant direct spoon to his mouth , site of lesion:

- a) cerebellum
- b) partial lobe
- c) frontal

970. patient has history of parotid and salivary gland enlargement complains of dry eye ,mouth and skin ,, lab results HLA-B8 and DR3 ANA +ve rheumatoid factor +ve what is the course of treatment

- a-physostigmin
- b-eye drops with saliva replacement**
- c-NSAID
- D-plenty of oral fluid

971. most common physiological cause of hypoxemia

- a) shunt
- b) Ventilation perfusion mismatch**
- c) hypoventilation

972. arterial bleeding after injury:

- a) red blood ,continuous
- b) red bright , spurting**
- c) dark blood

973. teacher c/o malaise fever , right upper abdominal tenderness , two student develop same condition , eye become icterus, best CONFIRM diagnose:

- a) HBA IgG
- b) HBA IgM**
- c) HBA core AB

974. Patient with parenthesis in little finger and decrease motion in neck radiology show degenerative changes in cervical region EMG showed entrapment in the elbow:

- a- Spondolysis**
- b- Brachial injury
- c- Surgical relive for entrapment

975. Pneumothorax:

a- needle insertion

976. Medication increase reflux esophgitis

a- Theophylline*

b- Ranitine

c- Plasil

d- ampicillin

977. Best way to eradicate Plaque:

a- Rodent eradication*

b- spray insecticide hand washing

978. Patient with band like headache associated throbbing pain in eye:

a- tension Headach*

b- migraine, cluster

979. Human bite the most common position propose to infection :

a- clenched,

b- dependant,

980. Sodium content in normal saline (0.9)

a- 50

b- 70

c- 90

d- 155 (the correct answer)

e- 200

981. Patient works outside in hot weather 42C come to ER with muscle pain and cramps of the lower limbs, on examination he is alert cooperative temperature 38 , management ?

- a) Oral electrolyte replacement (my answer)
- b) Internal cold water
- c) Warm intravenous fluid

982. patient work in hot weather come with clammy cold skin ,hypotensive tachycardiac

- A. heat stroke(my answer)
- B. heat exhusion

983. patient with red blood cell disorder ,with family hx of thalassimia to confirm the dx

- a. increase the level of A2
- b. gentic

984. old pat with pain after walking no edema

- A. Claudication

985. old pat with tachycardia pulse 150 otherwise normal

- A. TSH
- B. Stress ECG

986. to differentiate bet sinus tachycardia from atrial flutter

- A. Carotid massage
- B. Artery massage

987. mitral stenosis

- A. LA hyper trophy with decrease plum ..
- B. LA hyper trophy with

988. emprical treatment of peptic ulcer h. Pylori

A.Omperazole , clarithromycine, antihero

989. increase igG in CSf

- A. Multiple sclerosis
- B. Duchenne dystrophy

990. pt live near industries came with attack of SOB the prophylactic

- A. B agonist.
- B. Oral steroid

991. young lady with emphysema

- A. A1 anti-trypsin def

992. pt with hemoptysis , night sweat . Loss appetite .. X- ray apical cavity

- a) Post primary tb
- b) Pneumonia

993. drug cause gout

- a) Hydrochlorothizide
- b) Furosmide

994. high pitch diastolic murmur

- a) Ms
- b) Mr
- c) Mvp

995. Patient with history of URTI, now having post glomerulonephritis symptom most diagnostic test :

- a) Low Complement, particularly C3.

996. Patient came to ER decreased level of consciousness and pinpoint pupil:

- b) Opiate over dose.

997. Gullin-barre syndrome:

a) ascending coarse

998. berberi

a) B1 deficiency

999. Case scenario of pellagra

a) 3D (diarrhea, dermatitis, and dementia, glossitis)

1000. Old pt with bilateral knee swelling, pain, normal ESR:

a) Gout

b) Ostioarthrits

c) RA

1001. young patient complain of watery diarrhea, abdominal pain.. with a previous hx of mucus diarrhea. Symptom improve when sleep

a) Crohn's

b) UC

c) IBS

1002. lower limb edema, congested neck vein signs of:

a) Right heart failure

1003. young boy woke up with ear pain, symptom of facial palsy.. true regarding it:

a) Healing usually occure in the 2nd week

b) Need antiviral

c) More than 25% will not heal

1004. IDDM case sinario of DKA.. what is the pathophysiology:

A) Missing insulin lead to release of Free fatty acide and form keton body

1005. Best exercise to increase the muscle strength and bone density in aging process:

- A- Low resistance, high repetition muscle training
- B- Conditioning, low repetition muscle training
- C- Walking and endurance muscle training**
- D- Low resistance and conditioning muscle training

1006. What is the initial management for a middle age patient newly diagnosed knee osteoarthritis.

- a. Intra-articular corticosteroid.
- b. Reduce weight.
- c. Exercise.??**
- d. Strengthening of quadriceps muscle.

1007. Old patient with bilateral enlarged knee , no history of trauma , no tenderness normal ESR and C-reactive proteins . the diagnosis is

- a. Osteoarthritis**
- b. Gout
- c. Infectious arthritis

1008. pt female with sever hip pain , increase with walking , after busy day , awake her almost all the night , ass with morning stiffness :

- A-osteoarthritis**
- B-osteoprosis ??**

1009. Young patient with red, tender, swollen big left toe 1st metatarsal , tender swollen foot and tender whole left leg. His temp 38 Diagnosis is:

- a.Cellulitis**
- b.Vasculitis
- c.Gout Arthritis

1010. Case of gout:

- A- Ca pyrophosphate
- B- Monosodium urate**

1011. Regarding group A strepto how lead to rhumatic fever

A-Blood dissemination

B-By causing pharngitis/tonslitis

C- Joint invasion

1012. unilateral headache, exaggerated by exercise and light , Dx :

a.migraine

b.cluster headach

c.stress headache

1013. Pt with hematural .. uremia .. and bilateral loin mass dx :

a-amyloedosis

b-sarcidosis

c-Polycystic kidney

d-Metastatic hypernephroma

1014. one non-pharmacological is the most appropriate in hypertension

a-whight loss

b- decrease alcohol

c- stop smoking

1015. Female with dysurea, urgency and small amount of urine passed .. she received several courses of AB over the last months but no improvement .. all investigations done urine analysis and culture with cbc are normal .. you should consider:

a) interstitial cystitis

b) DM

c) Cervical erosion

d) Candida albicans

1016. what proven to reduce incidence of cancer ?

1-fiber

2-vit c

3- vit D

4- ca

5- folic acid

1017. pt with DM and obese ,plane to reduce his wt is :

a.decrease calori intake in day time

b.decrease calori and increase fat

c.decrease by 500 kcal/kg per week

d.decrease 800 per day

1018. which of the following take with NSAID analgesic to decrease side effect ??

a- cimitidine

b-psudoephidrine

c-metaclopramide

1019. old patient came to the clinic complaining of chest pain chronicy ,the pain is burning over his chest, & increasing when he is lying in bed associated with cough, WHAT IS THE MOST LIKELY DIAGNOSIS?

a) Ischemic pain

b) GERD

c) Bronchitis

1020. Young male,very thin complaining of cough, x ray of the chest shows b.lateral hilar white apperance in the upper part of the lungs, he is living invery crowded area,, what the to give him?

a) BCG

b) Anti- TB

c)

1021. Young female complaining of severe diharrea, weight loss, vomiting, abdominal pain,has been diagnosed to have crohn's diseased, what is etiology mechanism of crohn's disease?

a) Female more affected

b) Something granulomatose

c) Diabetic

d) Unknown

1022. depressed patient has ingestion big quantity of Aspirin 6 hours ago,, came to ER complaining of nausea ,vomiting, increase respiration, investigation showed highly elevated level of ASA, what is your action?

- a)urine acidity something
- b) charcoal
- c)haemodialysis
- d) Alkalinization of the urine**

1023. 18 years old boy complaining of fever 38c, flank pain, pain during urination(dysuria) for 4 days,urine analysis showed WBC 50 to 60,,your action?

- a) ciprofloxacin 500 for 2 days and to come back to clinic
- b)penicillin for two weeks & to be seen in the clinic for reassurance.
- c)admission to hospital and iv antibiotics**
- d) was celly choice

1024. very long case about girl with multiple sexual partners, had complained of hotness right knee joint,which resolved by taking ibuprofen, now is multiple hot and tender joints with fever, abdominal pain, weakness, what is the DIAGNOSIS?

- a)gonorrhea**
- b)septic arthritis
- c)PID

1025. 58 years old male came complaining of shortness of breath,for 3 days ,x-ray of the chest showed cardiomegaly ,pleural effusion,,the analysis of the effusion showed mild protein and moderate HDL, what is the common cause of the effusion?

- a)TB
- b)bronchopneumonia
- c)heart failure**

1026. patient known asthmatic,the mechanism to prevent recurrent asthma attack is?

- a) medication to form something to allergin
- b) to prevent airway inflammation (this is the answer)**

1027. pt with dysphagia to solid and liquid by barium there is non peristalsis dilatation of esophagus and air fluid level and tapering end dx:

A) Achalasia

1028. What the mechanism of pneumothorax in ARDS pt :

a. central line insertion

b. lung damage

1029. old pt complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the x-ray , best effective ttt is :

a. Physical therapy

b. bio feedback

1030. case scenario ... pt came with anterior MI + premature ventricular ectopy that indicate pulmonary edema, give digoxin + diuretics + after-load reducer, what add?

a. **amiodarone**. ???

b. propranolol

1031. case scenario ... sorry I forget it :

a. Bulimia nervosa !!!

1032. stroke caused by embolic cause :

A) AF.

39)Adult SCA, CNS complication:

a) Cerebral infarction.

b) Ataxia.

c) Seizure.

1033. case scenario to increase CO, by left atrium pressure which :

- a. Lt ventricular hypertrophy & chamber constriction.**
- b. Rt ventricular hypertrophy & chamber dilatation.
- c. Rt ventricular hypertrophy & chamber dilatation.
- d. Rt ventricular hypertrophy & chamber constriction

1034. MCC of non traumatic SAH :

- a. anuresm.**
- b. bridge vein.
- c. MMA.

1035. case scenario ... gastric ulcer, pathology –ve :

- a. neoplasm
- b. H.pylori

1036. table show MCV, iron in serum decrease & binding iron capacity increase :

- a. IDA.**
- b. Pernicious anemia

1037. case scenario ... hepatomegaly, Kayser–Fleischer rings ... what ttt :

- a) Penicillamine**

1038. case scenario ... hepatosplenomegaly, bluish skin nodule, lat neck swelling... Ix to make Dx :

- a. EBV serology.**
- b. CXR.
- c. CT.

1039. case scenario ... meningococcal infection ???!

**1040. case scenario ... pharyngitis group a streptococcus ttt :
Don't start ttt before serology result w streptococcus.**

1041. case scenario ... unilateral knee & leg swelling w creptius in knee ... :

a) doppler ultrasound

1042. Pt undergone sunburn causing erythema and burning pain on wide areas of his body he is hypertensive and on hydrothiazide despite your manegment you will:

a- Stop hydrochlorthiazide and follow the blood pressure.

b- Sorry I forget the remaining cause I select (a).

1043. Pt walking for relatively long time on ice when she was in vacation(somewhere in cold area) her feet is pale with marked decrease in pain sensation but the pulse is palpable over dorsalis pedis what is the appropriate thing to do:

a-immedate heat with warm air

b-put her feet in worm water.

c- I forget the rest but it is not appropriate

1044. a man travelled to some country , there is endemic of onchocerciasis ,he stays there for 1 wk .his ability to get this disease is

A -HIGH

B-SEVERE

C-MINIMUM

D-NON EXISTANT ***

1045. child having pain in the night esp calf muscles ,pain is very severe in the night that child is not able to sleep ,, it is also associated with tingling and burning sensation , in the day time he is alright ,, most probable diagnosis is

A-idiopathic leg syndrome

B-compartment syndrome

C-restless leg syndrome***

D-functional disease

1046. old pt having HTN for long time and taking beta blockers and hydrochlorothiazide,,, now pt complain of sunburn causing erythema and burning which pass on wide areas of body I FORGET THE OPTIONS ,,,??

1047. pt is hypersensitive having all allergic symptoms like sneezing, flu congestion and sensitive to sunlight, cause is hypersensitive to :

- A-stress and sunlight*****
- B-pollen and dust
- C- cold
- D-infection

1048. pt having otitis media, sinusitis, laryngitis and bronchitis and septic arthritis,,, organism is gram negative diplococci

- A- Moraxella catarrhalis*****
- B- Neisseria gonorrhoeae
- C- Neisseria meningitidis
- D- strept pneumonia

1049. 12 yr old boy presents with headache and neck stiffness associated with fever, confusion or altered consciousness, vomiting, and an inability to tolerate light.. other than this there are rapidly spreading petechial rash. The rash consists of numerous small, irregular purple or red spots on the trunk, lower extremities .. treatment is

- A-PENICILLINE*****
- B-AMPICILLINE
- C-VANCOMYCIN
- D-AMINOGLYCOSIDE

1050. patient has been wearing contact lenses for the past 10 years, now has photophobia, what do you recommend?

- A -take them off at night (correct)**
- B -saline drops 4 times a day

1051. a patient c/o deep jaundice which has a progressive course..on examination: the gall bladder was palpable

a-pancreatic ca

b-acute cholecystitis

1052. Well known case of DM was presented to the ER with drowsiness , in the investigations : Blood sugar = 400 mg/dl , pH = 7.05 , what is your management ?

a- 10 units insulin + 400 cc of dextrose .

b- 0.1 unit/kg of insulin , subcutaneous .

c- NaHCO

d- One liter of normal saline

1053. Female patient with candida most likely has :

a- DM .

b-SLE

1054. In active increase transaminase which of the following drugs contraindicated :

a-ranitidine

b-infidipine

c-vastatin (statin) > > one choice this answer but he did not sure.

1055. which of the following drug cause , hypertensive crisis ?

A. Clonidine ??

1056. side effect of silver sulphazidine :

a-leukopenia

b-skin pigmentation

c-acidosis

d- electrolyte imbalance

1057. side effect of prolonged 100% oxygen except :

a-retrosternal chest pain

b-spizure

c- depression . he choiced this answer but about me I am not sure.

1058. Eating disorder management :

a-cognitive and behavioral therapy

b-pharmacology

1059. what is the finding in anemia of chronic illness :

a- decrease iron and increase TIBC

b-decrease iron and decrease TIBC (his answer but he did not sure)

c-increase iron ?????

1060. polycythemia vera also associated with :

a-muscle weakness

b- splenomegaly

**1061. case scenario pt came with chest pain , radiate to jaw ,
increase with exercise ,decrease with rest > >DX :**

a-unstable angina

b-stable angina

c-prinzmetal angina

**1062. child ,found meningitis in blood >>>i think and he is
asymptomatic ,what will you do :**

a-oral penicillin

b-oral rifampicin

c-IV ceftriaxone ??

**1063. female pt ,KCO rheumatic heart , diastolic murmur ,complain
of aphasia and hemiplegia ,what will you do to find the
>>>etiology<<< of this stroke:**

a-MR angiography

b-Non-contrast CT

c-ECHO

d-ECG

e-carotid doppler

**1064. which of the following take with analgesic to decrease side
effect ?**

a- cimetidine

b-pseudoephedrine

Note: NOT SURE answer A may be H2 blocker can protect stomach
from analgesic like NSAID

1065. child with hematuria 15 RBC /hPF , all examination normal ,what is next :

- a-urine cytology
- b-cystoscopy
- c-renal biopsy
- d- repeat urine for RBCs and protein**

1066. scenario i think for TB pt , with upper lung fibrosis , he live in crowded area , what will you give to the contacts:

- a-Himophilus influenza vaccine
- b-immunoglobulin
- c-meinongicoccal vaccine
- d- BCG**

1067. old pt , e hx of MI 2 weeks back and discharge from hospital <<<came with sudden lower limb pain and numbness ,on ex the limb pale , cold >>the other limb normal what is the DX :

- a- Acute artery thrombosis
- b- acute artery embolus**
- c- DVT D

1068. sickler pt came with painful crisis what is the RX :

- a- mangement outpatient + analgesic
- b-hospitalization +analgesic**
- c-reffer to 3ry center

1069. PTH high ,Ca low ,creatinine high ,vit d nomal DX :

- a- vit d deficiency.
- b-chronic renal failure**

1070. Allopurinol :

- a- use in acute phase
- b-it is uricosuric
- c-contraindication in chronic renal disease
- d-decrease uric acid renal stone**

1071. With asprin overdose

- a.metabolic acidosis with respiratory alkalosis**

1072. case scenario plural effusion , cardiac effusion e low pretein, LDH, i forget THE nomner>>> what is the cause ?

a-Tuberculosis

b-heart failure

1073. normal child ,he want to walking , he have brother dead after walking , what of the following must be excluded before walking ?

a-PDA

b-VSD

C-hypertrophic cardiomyopathy !

1074. old pt ,she have MI and complicated with ventricula tachycardia ,then from that time recive Buspirone he came with fatigue >> normotensive > > pulse was 65 what investigation must to be done:

a- thyroid function

b- liver and thyroid????

1075. Carvidelot drug is interacted with ..??

1076. it is correct about alloprinol

1077. null hypothesis

1078. metabolic acidosis is . .

1079. statistic about osteoprosis in family (graph)

1080. abdominal pain for 6-months , constipation , diarrhea

1081. high risk for hypertension

1082. child in amitryptalline 15-mg , the potential ADR may develop

1083. most commo cause of intracerebral hemorrhage

- 1084. patient with vit. D deficiency , which part of epithelium formation will be affected**
- 1085. patient from crowded area came with CXR show apical infiltration , wht you should give to prevent relatives**
- 1086. pt with chronic lung diseases , with new pleural effusion , wht is the cause of PE**
- 1087. pt with COPD and DM , newly diagnosed with open angle glaucoma , ttt**
- 1088. 61-year with depression during 6-months , new diagnosed with IBS , low appetite , less weight , less concentration , Dx**
- 1089. wt is not palpable in the normal neck**
- 1090. pt come only with gasping , do**
- 1091. pt come with diplopia , dysphagia , ptosis , Dx**
- 1092. correct about ECG**
- 1093. 6-year with positive HSsAg , only with BCG , give him**
- 1094. question about case control study**
- 1095. pt with splenomegaly, lymphadenopathy , positive EBV**
- 1096. pt with viral infection , gingivitis**
- 1097. correct about infectious mononucleosis**

1098. DM2 with current sugar = 60 , sweating , dizziness , drug cause this problem

1099. large female, obese , big hand and jaw , which hormone cause this problem

1100. correct about DM in Saudi Arabia

1101. pt with DM2 and she want to dietary change , wht is your advice

1102. 1st sexual developed in male

1103. urine spicemen show RBC and cast , dx

1104. urgency , dysurea , on flank pain , dx

1105. pt with painful 1st metatarsopharangeal , tenderness, swelling, fever, dx

1106. child come to ER with ingestion toxic drug , wht is antidote

1107. iron poisoning antidote

1108. study about lung cancer , take the person according to sex, resident, income, and then divided to tow group depend on smoking , which study is this

1109. ttt of herpes simplex virus

1110. most of vaccine sored in degree of

1111. Drug use in CHF with systolic dysfunction?

a-Nifedipine

b-diltiazem

c and d -and two drugs from ACEI I forget the name

e-the forth choice is one of B blockers

1112. Young male c/o pleurisy pain at rt side On EX there is only decrease breath sound, tachypnea otherwise normal and there is CXR I don't know if it is normal or not But it seems to me normal what will you do?

a-discharge pt bez it is only viral pleurisy

b-discharge him on Augmentin

C- I think refer him to pulmonologist

1113. Pathology in HSP:

a. arteriole venule capillary

1114. Pt 60 yo collapse brought to ER then he awake before collapse he felt epigastric discomfort Now tachycardia BP 100/80

a-leak aortic aneurysm

b-perforated peptic ulcer

1115. aseptic meningitis early will found:

a-lymphocytosis

1116. Kernig's sign :

1117. Pt diabetic he has wound in his leg with poor healing, Exudates, no sign of inflammation the hyperglycemia cause poor wound healing by affecting:

a-phagocytosis

B-stimulate bacterial growth

c-decrease immunity

1118. attributable Risk definition > > It is epidemiological question.

1119. patient with epilepsy came with Lt shoulder pain , on examination flattened contour of the shoulder , fixed adduction with internal rotation .. ur DX ???

- a- Inferior dislocation
- b- subacromial post Dislocation**
- c- subglenoid ant dislocation
- d- subclavicle ant dislocation
- e- sub..... ant dislocation

1120. Mx of somatization ?

- a-Multiple phone call
- b- multiple clinic appointment
- c- refer to pain clinic**
- d- antidepressant

1121. middle aged ataxia , multiple skin pigmentation and decrease hearing , one of the family member has the same condition:

- a- Malignant melanoma
- b- neurofibromatosis “ most likely”**
- c- Hemochromatosis
- d- measles e- nevi

Note: NF-2 accounts for only 10 percent of all cases and is characterized by bilateral acoustic neuromas (masses around the eighth cranial nerve in the brain) which causes hearing loss, facial weakness, headache, or unsteadiness, Café-au-lait spots.

1122. female middle age with multiple sclerosis , complaining of urinary incontinence and he mention in the question that in some time she did not feel it :

- a-Reflex incontinence
- b-stress incontinence
- c- overflow incontinence
- e-urge incontinence**

1123. patient develop sudden profound hypotension after 4 days of C.S Mx?

- a- Sodium chloride
- b- I.V heparin & spiral CT for pulmonary embolism**
- c- albumin 20 %

1124. ttt of erosive gastritis :

- a-Antibiotics
- b- H2 blocker
- c-depend on the pt situation**
- d-total gastroectomy
- e-sucralfat

1125. Breast feeding mother she said I did not take my MMR vaccine what your advice ?

1126. old man having pelvic pain worse by movement even at night when want to sleep still having the pain ?

1127. child I forget how old is he but i am sure he is less than 2yrs he came with !!!!!The peripheral blood film shows ..cresend shape cells ..What is the ongoing management ??

1128. best non pharmacological ttt of OS ?

- a. quadriceps ms exercise

1129. old man post MI best drug for antiarrythmia ?

1130. best management for epistaxis ?

- a. press on the soft part of the nose and leaning forward**

1131. pts alcoholic and smoker having white patches on the tunge non painful but when touch bleeds ?

- a. lukoplakia (this was my answer)**

1132. old man diabetic dose not having any significant medical problem before but by repeated BP measurements in his visits it was 138/ .. What you will do ?

a-nothing

b-add ACEI (this was my answer)

1133. pts having from months pain pre defecation that releaved by defecation he is having loose motions since start of his complaint 3-4 times per day I think they said with mucus , ther is no bleeding not bloating ?

a--IBS (This was my answer make sure plz)

b-UC

1134. patient 35 years old befor 4yrs he had a surgery they cut part of the distal small intestine and proximal large intestine and connect them now he is complaining from SOB and fatigue what you are thinking of ?

a. folate deficiency

b. vit B12 deficiency

1135. Rt lunge anatomy ?

a-2pulmonary vanes (this was my answe)

b-2 fisser

c-8segments

1136. 30yrs old male with difficulty in breathing hyper resonant...?

a. spontanuse pnemothorax (this was my answer)

1137. Gualine-Barrie syndrome? > > look for the spelling

a. asending paralysis

b. descending paralysis

1138. typical clinical feature of EBV infection at the end they said by investegation result EBV +ve what is the dx?

a. infectious mononucleosis.

1139. about Rubella infection...?

a. arthritis.

1140. pt history of IHD and he told you about his diet and he describe what diet he take What you will advice him ?

- a. -diet contain vegetables and fruit.

1141. least effect on tardia dyskinesia :

- a. halipridol
- b. respridol

**1142. pt received varicella vaccine after 30 min he developed itching .
. ttt is:**

- a. Subcutaneous epinephrine

**1143. pt post MI treated with activated tissue plasminogen ,heparin
(I am not sure after one week complaining of pale, cool diagnosis**

- a. Acute arterial thrombosis
- b. acute arterial embolism
- c. DVT

1144. Treatment of chronic acne :

- a. Ritonic acid

1145. case scenario of pt with HZV ttt is:

- a. acyclovir for 3-5 days
- b. acyclovir and refer for ophthalmology

1146. mechanism of action of propylthiouracil:

- a. inhibits the enzyme thyroperoxidase
- b. inhibit the action of the sodium-dependent iodide transporter

1147. pregnant with asymptomatic hyperthyroidism ttt is:

- a. b blocker
- b. propylthiouracil

1148. Moderate spondylopathy ttt

- a. Physiotherapy.

1149. which is true about perth's dz :

- a. unilateral always
- b. painless

1150. pt uses antacid, complains of vomiting and pain due to:

- a. GERD

1151. If there is a relation between anatomy and disease pneumonia will occur in:

- a. RT upper lobe
- b. Rt middle lobe
- c. Rt lower lobe
- d. Lt upper lobe
- e. Lt lower lobe

1152. effect of niacin is :

- a. decrease uric acid .
- b. hypoglycemia
- c. increase LDL
- d. increase HDL
- e. increase triglyceride

1153. pt with pneumococcal what will you give :

- a. Pneumococcal & influenza now.
- b. pneumococcal now.
- c. influenza now.
- d. Influenza now and pneumococcal after 4 weeks.

1154. RT lung anatomy :

- a. 2 veins
- b. ... segments

1155. pt with DM and obese ,plane to reduce his wt is :

- a.decrease calori intake in day time
- b.decrease calori and increase fat
- c.decrease by 500 kcal/kg per week
- d.decrease 800 per day

1156. Romberg sign lesion in :

- a. dorsal column
- b. cerebellum
- c. visual cortex

1157. RA nodule in proximal interpharengeal joint :

- a. Bouchards nodules

1158. which of the following is normally not palpable :

- a. thyroid gland
- b. parotid gland
- c. sublingual gland
- d. cervical node
- e. hyoid bone

1159. pt with chronic RUQ pain , no jaundice , no stool change the best investigation is:

- a. US

1160. pt with abscess ttt is:

- a. drainage and oral Abx
- b.oral Abx

1161. cholesterol increase In :

- a.egg white
- b.chicken
- c.avocado
- d.orange meat

1162. target lesion are found in erythema:

- a.multiform**
- b.annular.
- c.nodosum
- d.marginatom

1163. pt with hypothyroidism but on ttt and present with sweating..... inv : TSH normal , T4 normal . ca low , pho high the cause is :

- a . uncontrol hypothrodism
- b. primary hypoparathyrodism**
- c. secondary hypoparathrodism

1164. angioedema due to use of :

- a. B blocker

1165. 50 years old female have DM well controlled on metformin ! now c/o diplopia RT side eye lid ptosis and loss of adduction of the eyes and up word and out word gauz !! reacting pupil no loss of visual field -Something like that !!The options were :

- A -Faisal palsy
- B -Oculomotor palsy of the rt side**
- C -Masynia graves !!

1166. The coz of high mortality in pregnant female !:

- a-Sphillis
- b-Toxoplasmosis**
- c-Phenochromctoma

1167. a child have drink corrosive material and came to the er look not well drooling What your management :

- a-Give 2 cup of milk
- b-Lavage
- c-Establish airway**
- d-Ask about the crosive material it alkli or acidic !

1168. what the best method for prevention diseases:

- a-Immunization**
- b-Teaching individual how to protect them self????**

**1169. Bed ridden pt he have confusion and fever blood culter shows
enerocoucas From where :**

a-Pneumonia

b-Uti

1170. ttt of h. pylory :

a-Omoprazol

b-clinadmycin

**1171. Pt have travel to kinnia and he resived blood transfusion there
now he c\o sore throt and generalized lymphonapathy and
tender spleen and hairly lucoplika !**

a-HIV

b-Lypomna

1172. all true about ECG except?

1173. vit.D + ca in case of osteoporosis.

**1174. child for hepatitis mother he also has +ve HSAg what vaccine
will you give:**

1175. long hx red eye then dirrhea what antibiotic

1176. question about diabetes+nephropath diagram

1177. when neuropath start?

a. after DM 5year

1178. cushing syndrome easy

**1179. steo arthritis bilateral cribitation or <<11-knee swelling
cripitation**

1180. pnemothorax

a. decrease air entry

1181. Holding bearth spell or holding ..wich of the following is true

A)mostly occurs between age 5-10

B)increase risk of epilepsy

C)a known precipitant cuz of generalized convulsion my answer

D)diazepam may decrease the attack

1182. Cat cite > > lead to infection of what organism

1183. otitis externa treatment

**1184. table of electrolyte values all are normal except the Na wich
was low?**

1185. Definition of Positive predicitive value:

a. pt who has high Risk factor

1186. Most effective method for health education

a-Mass media

b-Group discussion

c-Internal talk

1187. QUSTION ABOUT GOUT HX+INVESTIGATION +VE

1188. In active increase transaminase which of the following drugs

Contraindicated:

- a. rinatidine
- b. infidipine
- c. vastatin**

1189. which of the following is Fick method to assess cardiac output ?

a-B.P

b- o2 uptake

c- carbon monoxide in blood

d- carbon dioxide in venous blood e- pco2

1190. 40yr old pt with sudden onset of rectal pain that occur when he was sleep with tachycardia with diaphoresis:

a-IBS

b- gay bowel syndrome

c- UC

d- Proctalgia fugax

Note: Proctalgia fugax (or levator syndrome) is a severe, episodic, rectal and sacrococcygeal pain. It can be caused by cramp of the pubococcygeus or levator ani muscles. It most often occurs in the middle of the night and lasts from seconds to minutes, an indicator for the differential diagnosis of levator ani syndrome, which presents as pain and aching lasting twenty minutes or longer.

1191. 75 yr old patient came with pneumonia and there is moderate confusion and decrease the attention . .I thinl the case go with delirium . . the management:

a-Valum

b- call one of the family to stay with him

c-put him in quite and dark room

d-haldol till the symptoms abate

e-another drug start with

1192. one of the following is component of TOF ?

a- ASD

b- VSD

c- Lt ventricular hypertrophy

d- aortic stenosis

e- e- tricuspid stenosis

1193. effective ttt of mastalgia:

a- Caffeine

b- OCP “ most likely “

c- tamoxifen “ but i`m not sure if it was one of the choices but danazol, bromocriptine were not of the choices

1194. 5 years , febrile , develop tonic clonic convulsion what u will give him ?

a- Phenytoin

b- phenobarbitol

c- carbamazepine

d- diazepam “ not sure if it was one of the choices”

1195. treatment of acne rosacea ?

a- Doxycycline

b- erythromycin

c- Gentamicin

1196. chemoprophylaxis of vibrio cholera ?

a- penicillin V

b- gentamicin

c- Tetracycline

1197. which of the following is true about allopurinol ?

a- It`s contra indicated in acute gouty arthritis

b- increase incidence of uric acid stones

c- xanthine Inhibitor “ MOA

d- u can`t use it with colchicines

1198. what is the cause of death in ludwig angina ?

a- Dysrhythmia

b- asphyxia

c- pneumonia

d- wall rupture

1199. pt with rheumatic valvular disease, mitral orifice is 1cm what is the action to compensate that?

- a- Dilatation in the atrium with chamber hypertrophy**
- b- Dilatation in the ventricle with chamber hypertrophy
- c- atrium dilatation with decrease pressure of contraction
- d- ventricle dilatation with decrease pressure of contraction .

1200. scenario about patient with hepatitis B and he asked about the antigen window that appear in this time?

- a- HBS ag**
- b- Hbc ag
- c- anti HBe
- d- anti Hbc ab

1201. pregnant lady healthy except swelling lip with bleeding “I think from lips ” what is it ?

- a-ITP
- b-tumor

1202. the strongest reversible risk factor for stroke ?

1203. the strongest risk factor for stroke ?

- a- HTN b- smoking

1204. the wound stay in its primary inflammation until ? “

- a/ epithelial tissue formation
- b/angiogenesis
- c/when the wound clean
- d/ eschar formation “ correct insh allah “**

1205. pt with COPD and DM , newly diagnosed with open angle glaucoma , ttt?

1206. Patient with rheumatic heart disease and he developed mitral stenosis , what most likely will happen to the heart:

- a. RT -ventricular hypertrophic and dec pul pressure
- b. Lt atrium hyper and dilatation(i think true)
- c. Rt ventricle hypertrophic with constrict chamber
- d. Lt atrium hypertrophy with constrict chamber

1207. Patient with Severe hypothyroidism and hyponatremia (108= Na), high TSH and not respond to painful stimuli, how would you treat him :

- a. Oral intubation , Thyroid replacement , Steroid and 3% Na
- b. Same above but Without steroid
- c. Thyroid and fluid replacements only
- d. Thyroid and fluid and 3% Na

1208. In “holding breath holding” which of the following True:

- a. Mostly occurs between age of 5 and 10
- b. Increase Risk of epilepsy

c. Known precipitant cause of generalized convulsion

- d. Diazepam may decrease the attack

1209. Mother worry about radiation from microwave if exposed to her child. What you tell her:

- a. Not all radiation are dangerous and microwave one of them
- b. Microwave is dangerous on children
- c. Mic

1210. Male patient have ARDS & on ventilation have manifestation of pneumothorax <<<-ve pressure ventilation/lung damage / central line insertion :

1211. Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:

a. Colon

b. Bladder

c. Liver

1212. How to prevent lyme disease:

a. Insect repellent

b. change the cloth to the natural clothes

1213. Wound at end inflammatory phase when:

a. Epithelial tissue formation

b. Angiogenesis

c. when the wound

1214. 8y with weight and height > 95% and BMI= 30 .. What u will do for him:

a. Observation for 12 month

b. refer for surgical intervention

c. life style modification

1215. What it is the most common congenital heart disease come with rheumatic heart disease:

a. VSD

b. ASD

c. coarctation of aorta

1216. Patient 57 y-o, smoker for 28 y , presented with bleeding per rectum and positive guaiac test , also he has IDA:

a. COLON CA

b. IDA

1217. PATIENT he can not oppose his thumb >>>

a. median nerve (sure)

1218. Carpal tunnel syndrome , in which position would u fix patient's hand>>

a. dorsiflexion (sure)

1219. Pat presented with sharp severe chest pain increase with movement and supine position and decrease in leaning forward (also there was a pic of CXR)>>>

a. Pericardial effusion

SURGERY SECTION

[1] a 29yrs. Old female has a breast lump in the upper outer quadrant of the left breast , firm , 2cm. in size but no L.N involvement ... what is the most likely diagnosis ?

a- fibroadenoma

[2] What is the management for the above patient?

a- mammogram (true if patient > 35years)

b- excisional biopsy

c- FNA Fine-needle aspiration (FNA) cytology

d- breast US

e- follow up in 6months

[3] 45years old lady presents with bloody nipple discharge. Most likely Dx:

a. Breast ca.

b. Fibroadenoma

c. Ductal Papilloma.

d. Ductectasia.

[4] A 45year old female came with nipple discharge containing blood. The most likely cause is:

a. Duct papilloma

b. Duct ectasia

C. Breast abcess

d. Fibroadinoma

e. Fat necrosis of breast

[5] A 35years old female with bloody discharge from the nipple, on examination there is cystic swelling near areola, the most likely diagnosis is:

a) Duct ectasia.

b) Intra-ductal papilloma.

c) Fibroadenoma.

[6] A 45y.o. lady presented with nipple discharge that contains blood. What is the most likely diagnosis?

a- duct papilloma.

b- duct ectasia.

c- breast abscesss.

d- fibroadenoma.

e- fat necrosis of breast

[7] Which of the following indicates that a breast lump is safe to leave after aspiration?

- a) a cyst that doesn't refill**
- b) solid rather than cyst
- c) cytology showed fibrocystic disease
- e) minimum blood in aspiration fluid

[8] A 23-year-old female consulted her physician because of breast mass; the mass is mobile, firm, and approximately 1cm in diameter. It is located in the upper outer quadrant of the right breast. No axillary lymph nodes are present. What is the treatment of choice for this condition?

- A. Modified radical mastectomy.
- B. Lumpectomy.
- C. Biopsy.
- D. Radical mastectomy.
- E. Watchful waiting**

[9] A 30-year-old female presented with painless breast lump. Ultrasound showed a cystic lesion. Aspiration of the whole lump content was done and was a clear fluid. Your next step is:

- A. Do nothing and no follow-up.
- B. Send the aspirated content for cytology and if abnormal do mastectomy.
- C. Reassure the patient that this lump is a cyst and reassess her in 4 weeks.**
- D. Book the patient for mastectomy as this cyst may change to cancer.
- E. Put the patient on contraceptive pills and send her home.

[10] in breast CA, all true except:

- a) 2cm mass with free axilla is stage I
- b) Chemotherapy is must for pre-menopausal with +ve axilla
- c) Radical mastectomy is the choice of surgery**
- d) Yearly mammogram for contra-lateral breast

[11] Which one will give bilateral breast CA:

- a) lobular breast ca (ILC')**
- b) intraductal breast ca (IDC)
- c) mucinous breast ca
- d) medullary breast ca
- e) tubular breast ca

[12] Factors associated with an increased relative risk of breast cancer include all of the following except:

- a. Nulliparity.
- b. Menopause before age 40.**
- c. A biopsy showing fibrocystic disease with a proliferative epithelial component.
- d. First term pregnancy after age 35.
- e. Early menarche.

[13] The following statements about adjuvant multi-agent cytotoxic chemotherapy for invasive breast cancer are correct except:

- a. Increases the survival of node-positive pre-menopausal women.**
- b. Increases the survival of node-negative pre-menopausal women.
- c. Increases the survival of node-positive post-menopausal women.
- d. Is usually given in cycles every 3 to 4 weeks for a total period of 6 months or less.
- e. Has a greater impact in reducing breast cancer deaths in the first 5 years after treatment than in the second 5 years after treatment.

[14] Concerning the treatment of breast cancer, which of the following statement is false?

- a) patients who are estrogen-receptor-negative are unlikely to respond to anti-estrogen therapy.
- b) The treatment of choice for stage I disease is modified mastectomy without radiotherapy.
- c) Patients receiving radiotherapy have a much lower incidence of distant metastases .**
- d) Antiestrogen substances result in remission in 60% of patients who are estrogen-receptor-positive.
- e) A transverse mastectomy incision simplifies reconstruction.

[15] What is the most important predisposing factor to the development of an acute breast infection?

- a) trauma
- b) breast feeding**
- c) pregnancy
- d) poor hygiene
- e) diabetes mellitus

[16] A 46-year-old female wrestler H © presents with a painful mass 1 x 2 cm in the upper outer quadrant of the left breast. There are areas of ecchymosis laterally on both breasts. There is skin retraction overlying the left breast mass. What is the most likely diagnosis?

- a) fat necrosis**
- b) thrombophlebitis
- c) hematoma
- d) intraductal carcinoma
- e) sclerosing adenosis

[17] Clear aspirated fluid from breast cyst will be:

- a) sent to cytology**
- b) thrown away**
- c) sent to biochemical analysis
- d) combined with biopsy

[18] Cause of giant breast includes these statements :

- a) diffuse hypertrophy
- b) cystosarcoma phylloids
- c) giant fibroadenoma
- d) all of the above .**
- e) none of the above

[19] breast cancer in female under 35yr. all of the following are true EXCEPT:

- a) Diagnosis and treatment are delayed due to the enlarged number of benign disease
- b) The sensitivity of the mammogram alone is not enough for Dx
- c) Family history of benign or malignant disease is predictive of Dx
- d) All discrete breast lumps need fine needle aspiration dominant mass only.**

[20] Breast cancer in a female that is less than 35year of age.. .all true except:

- A-Diagnosis and treatment are delayed due to the enlarged percentage of benign.
- B- sensitivity of the mammogram alone is not enough for the diagnosis.
- C- Family history of benign or malignant disease is predictive of the diagnosis.

D-All discrete breast lumps need fine needle aspiration.

NOTE : We are not sure about the answer

[21] Old pt had hemi colectomy after colorectal carcinoma ,,, you advice him to have colonoscopy every

A-6MONTHS ??

B- 12MONTHS.

C- 2YRS

D- 5YRS

[22] indirect inguinal hernia ,what is the treatment

A-elective surgery

B-emergency Surgery

C-Reassurance

D-No need for any surgery

[23] pt. complain of Rt. Hypochondrial pain and fever , he have past H/O bloody diarrhea and + Ent. Hystoltica in stool < he done aspiration for liver ____ anchovy sauce as result. Dx:

a. amoebic liver abscess.

b. pyogenic liver abscess

[24] pt with Rt upper quadrant pain , nausea and vomiting pain radiating to back . 'on examination Grey-Turner's sign and Cullen's sign Dx:

a. Acute pancreatitis

b. Acute cholecystitis

[25] pt with sever pain in Rt upper quadrant pain (colicky) , there is past H/O same attack the most appropriate test is:

a. U/S .

b. CT scan

c. MRCP

[26] (picture of hand with red finger) Patient came with redness of finger, you give augmentin for one week but no improvement, so what you will do now ?

a. incision and drainage under general anesthesia

b. incision and drainage under local anesthesia

c. give augmentin for another week

d. change antibiotic

[27] Facial nerve after parotid gland will cross parotid

a. superficial to parotid

[28] What is the first step in mild burn

a. wash by water with room temperature

b. place an ice

c. put a butter

[29] Smoker coming with painless mass of lateral side of tongue, what is the diagnosis

a. leukoplakia

b. squamous cell carcinoma

[30] Young male healthy , come for routine examination he is normal except enlarge thyroid gland without any symptoms, what is the next step ?

a. CT

b. MRI

c. US

d. Iodine study

[31] What is necessary condition to do abdominal lavage in RTA

a. comatose patient with hypotension

b. conscious patient with sever abdominal pain

c. patient with pelvic fracture

[32] Known case of DM 2with poor controlling, coming with right knee pain and ballottement, what you will do

a. incision and drainage

Note : incorrect, only after aspiration u confirm next step.

[33] Which one will decrease risk factor for colon cancer

a. folic acid

b. vitamin D

[34] Ulcer reach to involve muscle, what is the stage

a. Stage I

b. Stage II

c. Stage III

d. Stage IV

[35] colon cancer stage 1 prognosis

a. more than 90%

b. 70%

c. 40%

[36] Diabetic pt go for hernia surgery how to give insulin dose

a. one dose at morning one on raising

b. omit the both dose

c. as previous schedule

d. sliding scale

[37] years old post surgery (cholecystectomy) came with unilateral face swelling and tenderness. past history of measles when he was young. On examination moist mouth, slightly cloudy saliva with neutrophils and band cells. Culture of saliva wasn't diagnostic. what is the diagnosis?

a-Sjogren Syndrome

b-Parotid cancer

c-Bacterial Sialadenitis

[38] Pt Known BPH stable on medications. on examination prostate was smooth with no nodularity, He asked for PSA screening. what will you tell him?

a- No need for PSA.

b- Explain pros and cons of PAS

c. order other advanced Investigations (biopsy)

[39] 56years with papillary thyroid cancer, what to do?

a- surgical resection

b- Radiation

c- Radioactive Iodine

[40] DM pt...went an elective surgery for hernia ...he is fasting from midnight...concerning his insulin you will give him:

a-half dose of morning dose

b-half dose of morning and half dose of midnight

c-usual insulin dose

d-you will let him omit the scheduled surgery dose

[41] pt with pain in Rt iliac fossa..while you are doing your palpation he developed an vomiting and nausea:!! your diagnosis?

a-crhons disease

b-appendicitis.

c- diverticulitis

[42] best method to maintain airway in conscious multiple injury Pt is:

- a- nasopharyngeal device
- b- oropharyngeal device..**
- c- intubation

[43] man fall down from ladder .. O/E:he almost not breathing ..cyanosed , no breath sound, although Rt side of his chest is hyperresonant.. your action now is:

- a- Rt pneumectomy
- b- Intubation**
- c- Tube thoracotomy..
- d- Lung pleurodesis

[44] LACERATION IN ANTERIOR ASPECT OF WRIST:

- a. median nerve injury cannot appose**

[45] pt fall from a ladder came to with cyanosis, diminished air sound rt lung, resonant in percussion what to do?

- a. O2 mask
- b. endotracheal tube
- c. pneumectomy
- d. chest tube for drainage**
- e. serial x-rays

[46] olecranon bursitis

- a. cause from multiple trauma in elbow cause from antibodies**

[47] What is the first step in mild burn

- a. wash by water with room temperature**
- b. place an ice
- c. put a butter

[48] Smoker coming with painless mass of lateral side of tongue, what is the diagnosis

- a. leukoplakia
- b. squamous cell carcinoma**

[49] When aspirate breast cyst, what is that good prognosis

- a. when the cyst not filled again by fluid**
- b. when it is solid
- c. when there is fibrocytic changes

[50] Which one will decrease risk factor for colon cancer

a. folic acid

b. vitamin D

[51] Ulcer reach to involve muscle, what is the stage

a. Stage I

b. Stage II

c. Stage III

d. Stage IV

[52] Known alcoholic chronic for long time, present with lymph node in mid cervical , your action:

a. larygoscop

b. excitional biopsy

c. needle biopsy

[53] Young male with 3 day of dysurea, anal pain , O/E perrectum boggy mass :

a. acute prosatities

[54] 80 y/o male CASE HTN on ttt with mild begnine prostatic enlargement , causes feelling of incomplete voiding

a. alpha blockers

b. surgery

[55] Computer programmer, a case of carpal tunnel syndrome, positivetinnel test , how to splint:

a. Dorsiflexion(sure)

[56] Chronic gastric ulcer ,pt intake a lot of antiacid , no still complian:ttt>

a. H 2 antagonistb.

b. proton pump inhibitor

[57] patient has history of parotid and salivary gland enlargement complains of dry eye . mouth and skin ,, lab results HLA-B8 and DR3 ANA+ve rheumatoid factoe +ve what is the course of treatment

a-physostigmin

b-eye drops with saliva replacement

c-NSAID

d-plenty of oral fluid

[58] LACERATION IN ANTERIOR ASPECT OF WRIST:

a. wrist drop

b. median nerve injury

c. claw hand

[59] arterial bleeding after injury:

a. red blood ,continous

b. red bright , spruting

c. dark blood

[60] pt with Hx of Appendectomy . now% and distention ,cramp pain vomiting , constipation ,, Dx

a. mechanical Obs of small intestine

b. paralytic ilues

c. acute cholestyitis

[61] pt medically free , has snoring .. exam wise normal ur advice :

a. to loss wt

b. adenoectomy

Note : the question is not complete

[62] Drug used for mastalgia:

a-OCP(SURE

b-BENZODIAZEPINE

c-beta blocker

d-caffiene

[63] Female 47 yrs old complain of bleeding discharge from the breast

1-ductal ectisa

2-papilloma

3-fibroadenoma

[64] male singer with colon cancer stage B2 ; which of the following correct ?

a- no lymph node metastases?

b-one lymph node metastasis

c-2-4 lymph node

Note : Stage B - Tumour infiltrating through muscle

[65] pt with did colectomy after colon cancer , now lymph node showing micro????((mean met to lymph))

a. it is sensitive to chemotherapy

[66] Best view to see the rib fracture

- a. posterior-anterior x-ray
- b. anterior-posterior x-ray

[67] wound at end inflammatory phase which of the following correct:

- a. Epithelial tissue formation
- b. angiogenesis
- c. wound sterile
- d. eschar formation

[68] Patient after accident, there was a part on his left chest moving inward during inspiration and outward during expiration Dx

- a. Pneumothorax
- b. Rib fx
- c. Flail chest
- d. Rib dislocation

[69] Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles , EMG showed cubital tunnel compression of the ulnar nerve, what is your action now?

- a. Ulnar nerve decompression
- b. Steroid injection
- c. CT scan of the spine

[70] Patient with pain in the anatomical snuffbox, he most likely has:

- a-Boxer's fracture
- b-Colle's fracture
- c-Scaphoid fracture

[71] newborn with fracture mid clavicle what is true:

- a. Most cases cause serious complication
- b. Arm sling or figure 8 sling used
- c. Most patient heal without complications.

[72] Abdominal pain, nausea, vomiting, low grade fever, increase neutrophil, after appendectomy appendix will show:

- a. Neutrophil in the muscular layer check the video minute 4
- b. Lymphoid hyperplasia with giant cell infiltration
- c. Dilated lumen filled with mucocoele

[73] Left Iliac fossa pain, rebound tenderness, nausea , vomiting, fever 38.2 diagnosis is :

a. Diverticulitis

[74] Abdominal pain, distention, vomiting, cant pass flatulence, medically free, hx of appendectomy 7 months ago ... diagnosis:

a. Cholecystitis

b. Mechanical intestinal obstruction

[75] hx of long standing abdominal pain improve with peptic ulcer medication, present with abdominal pain, distention, forceful vomiting, emesis contain morning food .. diagnosis:

a. Gastroparesis

b. Gastric outlet obstruction .

c. Dilated cardia

d. Esophageal reflux

[75] Young pt admitted because of URTI and BP 120/90 7 days after she develop acute abdomen , tenderness on examination , pt become pale ,sweaty, BP 90/60 what will you do :

a. Anterior abdomen CT

b. IV fluid and observation << I don't remember if there was antibiotic

c. Gastroscopy

d. A double-contrast barium

Note : This question is incomplete we think how ever choice b is possible.

[75] fall on left elbow, fracture on x-ray seen as: young boy run for long distance "3 kilometers I think" pt complain of persist pain on examination there is knee swelling, x-ray of knee reveal nothing .. what the diagnosis:

a. Ligament tear

b. Tibial fracture

[76] Which rule used to calculate burn surface area in case of burn:

a. Nine

b. Seven

[77] cause of death in flame burn:

a. Airway affection

b. Hypovolemic shock

[78] Smoking directly related to which cancer:

- a. Colon
- b. Liver
- c. Lung cancer**

[79] old man with rectal bleeding and picture of anemia,, most common cause of this anemia:

- a. External hemorrhoid
- b. Colon cancer correct**

[80] kid with dark urine, dark brown stool, positive occult test.. what to do:

- a. Isotope scan**
- b. Abdomen US
- c. X-Ray

[81] old pt with neck pain on eating, examination reveal submandibular mass how to investigation:

- a. MRI, X-Ray, CT**

Note : CT alone is correct.

[82] common type of non traumatic fracture in osteoporosis:

- a. Compressed vertebral fracture**

[83] nerve injury in deep laceration of anterior aspect of wrist lead to:

- a. Claw hand**
- b. Wrist drop

[84] lady 4 month ago did CS ,, medically free, complain of wrist pain, phalen test –ve, Finkelstein's test positive,, tenderness distal to radial styloid>> I think it's a case of DeQuervain's tenosynovitis:

- a. Volar splint
- b. Entrapment release "surgery"
- c. Thumb splint**
- d. Drug I don't remember the name

[85] clavical fracture in infant:

- a. Usually heal without complication**
- b. Usually associated with nerve injury
- c. Need figure of 8
- d. Need internal fixation

[86] Scoliosis:

a. if 20 degree refer to ortho

[87] case of lion pain, Dysuria ,obstructive urinary symptome, fever, on PR boggy

a. prostate and tender on palpation:

b. Prostatitis

c. Cystitis

[88] Pt presented to the ER after RTA. He was concsious , vitally stable. There was decreased air entry bilaterally & tracheal deviation to the opposite site. What is your next step?

a- Order CXR STAT

b- Insert a needle in the 2nd ICS MCL

c- Insert a needle in the 5th ICS MCL

d- Insert a chest tube in the 5th ICS MCL

[89] Which breast disease is Bilateral:

a. Lobular carcinoma

[90] Facial nerve when it exits the tempromandibular joint and enter parotid gland it passes:

a) Superficial to retromandibular vein and ext. carotid artery

b) deep to ex. Carotid highlighted by mistake

c) deep to R vein

d) between retromandibular vein and external carotid artery.

Note : needs review

[91] 28 year old farmer with lesion in his hand , elevating mass dome shape and there is keratin DX:

A-melanoma

B-keratoacanthoma

C-BCC

D-SCC

[92] ttt of folliculitis

a- oral steroid

b- topical steroid

c -oral antibiotics

[93] Old patient around 70 years I think, complaining of ulcerating lesion 3*4 cm just below his nustreles(question with picture),the lesion is increasing after he was retired from work 10 years back, he was in continues exposure to sun light , DIAGNOSIS?

a) Squameus cell carcinoma

b) Adenocarinoma

c) keratoxanthoma

[94] picture of infant with brown to black lesion in his abdomen about 4*5 „painless, not itchy, not presented at birth, slowly in growing, he is otherwise healthy, the parents are worry,?

a)FNA

b)reassurance

c) biopsy and consult neurologist

[95] scenario about postpartum hemorrhage,, they telling about. Management „and one of these steps is to give strange name of medication, the question about the relative contraindication for maternal site for that drug????????????????????????????????

a)matrenal asthma

b)maternal DM

C)maternal HTN

d)maternal crohn's disease

Note : I think this Qs is for obstetric .

[96] patient with complain of calf tender and swollen,, diagnosed to have DVT,,what is the rule of LOW MOLECULAR WIEGH HEPARIN in DVT treatment ascomparing to something heparin?

a) LMWH is less effective

b)LMWH is prone to more bleeding

c)LMWH is safe and no need to regular monitor the PTT.

[97] patient had burned by hotty oil in the right side of his arm and leg, came to you in clinic. So you will refferd him to burn clinician specialist if?

a)10 cm painful area with no blusters

b)5 cm painful area with blusters

c)5 cm paineless area with no blusters (third degree ,full thickness).

[98] old age complaining of diarrhea, left-sided abdominal pain, fever, vomiting, on palpation there is tender mass in left iliac fossa, for two days, also given lab data for wbc: elevated+ c reactive protein: mild elevated and ESR, what is the DIAGNOSIS?

a) Crohn disease

b) appendicitis

c) diverticulitis

[99] child complaining of severe abdominal pain, foul greasy stool, vomiting, constipation on/off, his belly is distended, what is the investigation of choice to confirm your DIAGNOSIS?

a) barium enema.

b) colonoscopy

c) barium meal

[100] male middle age brought to the emergency department after involving in RTA (road traffic accident), on arrival GCS 12/15, mild confused, tachycardic 113 beats per min, tachypneic 32 breaths per min, Bp 80/60, with mild traumatic lesion in his chest, your action?

a) thoracotomy

b) iv fluid

c) CT scan

d) ultrasound

[101] patient complaining of fever, enlarged parotid gland and weakness, lala la,, what is the complications?

a) Encephalitis

b) Meningitis

[102] male patient complaining of abdominal pain severe, constipation, decrease in bowel motion, he had abdominal surgery 2 years back,, (they showed abdominal x-ray with entire enlarged distended colon, haustrations, involving segmental parts of small bowel), what is the best correction?

a) surgical colostomy

b) removal of obstructed colonic part

[103] 20 years old girl,, complaining of dysuria, suprapubic pain, fever, flank tender for 6 days, urine analysis reveals epithelial cells,, the appearance of these cells indicate?

a) urethral injury

[104] 35 year old smoker , on examination shown white patch on the tongue,management: (leucoplakia)

a. excision biopsy

[105] case scenario ... pt came to ER c/o colicky abd pain after meal, other in Hx & Ex –ve :

a. U/S of Abd

b. Abd X-ray

[106] Pregnant w s/s of hyperthyroidism best treatment :

a. Propylthiouracil.

[107] What is true about Propylthiouracil :

a. block thyroid hormones.

[108] computer user came with wrist pain, need cast in which position :

a. Dorsiflexion.

[109] What is true about Peritonitis :

a. chemical irritation can cause it.

b. Associated with abdominal rigidity which increase as the Paralytic ileus develops.

[110] Most common cause of immediate death in burn:

a. Inhalational injury.

b. Septic shock.

c. Hypovolemic shock.

d. Associated injury

[111] Rt side submandibular swelling & pain associated w eating, induration in floor of mouth :

a. CT.

b. MRI chest.

c. chest X-ray.

d. ECG

[112] case scenario ... RUQ abd pain, N/V, bilirubin, Alp, & WBC high :

a. Acute cholecystitis.

b. chronic cholecystitis.

c. appendicitis.

[113] case scenario ... LLQ abd pain, x-ray show sigmoid thickening, pericolonic fat decrease ... what ttt :

a. Antibiotic

.

[114] Long scenario about pt having epigastric pain radiate to the back increase with lying and decrease when standing as fever tachycardia..... It is typical with acute pancreatitis .. what is the next diagnostic step:

a-abdominal CT

b- abdominal Xray

c-ERCP

d-serum amylase and lipase

[115] pt with episodes of pain started in the mid left abdomen radiate to the back no nausea vomiting or diarrhoea not relieved by antacid not related to meal on Ex: non remarkable....dx:

a-chronic pancreatitis

b-duodenal ulcer

c-gastric ulcer

d-mesenteric thrombosis

[116] pt has non complicated varicose vein which is not changed since its occurrence in her last pregnancy she wear stocks and elevate her legs she asked about further cosmetic option you will told her:

a-nothing can be done more

b-stripping will make it worse.

c-coagulation therapy

d-somethings about saphenous ligation....??

[117] pt have varicose vein in her last pregnancy which is not changed , she wear stocks and elevate her legs she asked about further cosmetic options you will told her

A. nothing can be done more

B-stripping will make it worse

C-coagulation therapy

D. saphenous vein laser treatment

[118] A young pt comes with complaint of painful night sleep and back pain , on investigation there is spinal disc herniation, the treatment is

A- surgery

B-epiduralsteroid injection

C- spinal analyzing

D-Spinal manipulation

[119] PIC of child having ulcer near angle of the mouth,, bright red in colour , 1.5 cm size

A-fungalinfection

B-impetigo

C-atopic dermatitis

D-Angular chelitis

[120] young male pt having only complaint of gross hematuria otherwise normal , on examination normal , on investigation US normal ,urine culture normal ,, now whats investigation of choice

A-RENAL BIOPSY

B-URINE ANALYSIS

C-cystoscopy

D-RENALANGIOGRAPHY

[121] Young male pt having pain in the abdomen,, pain is very severe that pt is in fetal position and not able to straight having sign and symptoms of peritonitis ,, now first step to investigate is

A-US

B-CBC WITH DIFFERENTIALS

C-X RAY

D-parasentisis

[122] 31 year old Women with cyclic bilateral modularity in her breast since 6 months on examination there is 3 cm tender mobile mass wt u will do next:

a-FNA with cytology

b-mammogram

c- biopsy

d- follow up for next cycle

e-observation

[123] Pt with painless thyroid mass..what is most appropriate for Mx:

- a- Neck US
- b- FNA**
- c- Neck CT
- d- Surgery

[124] stage III of colon cancer start chemo therapy :

- a-As soon as possible**
- b-if lab result normalize
- c-according the pt psychology
- d- if pt >60 y age

[125] pt came with painful rectal spasm , diaphoresis , tachycardia especially at night , DX :

- a-thrombosed hemorrhoid
- b- proctalgia fugax**
- c- ???syndrome

[126] female pt , with RTA ,she has bilateral femur fracture >>>like this scenarion , systolic blood pressure 70 >>>what will you do:

- a-Iv fluid
- b- blood transfusion**

[127] regarding head and neck injury

[128] abdominal pain for 6-months, constipation, diarrhea-answer is?

- a. Crohn's disease**

[129] GERD and diagnosed as Barrett's esophagitis , complication answer is?

- a. Ca esophagus**

[130] patient with bleeding in 2nd and 3rd duodenal part that confirm as intramural hematoma , ttt is ?

- a. surgery**

[131] most common cause of intracerebral hemorrhage-?

- a. HTN OR ARTERIOVENOUS MALFORMATIONS**

[132] which carcinomas come in bilateral breast-?

- a. LOBULAR**

[133] pt come to doctor with genetic hx of colorectal carcinoma , and he want to prevent himself from the disease , what is the best you advise for him-?

a. SERIAL COLONOSCOPY

[134] high risk factor of colorectal carcinoma-?

a. FAMAIL ADENOMATOUS POLYPOSIS (FAP)

[135] pt come to hospital due to feeling of lump in neck without ang thing else , Dx-?

a. IS GOITURE

[136] wt is not palpable in the normal neck-?

a. THYRIOD

[137] related to blunt abdominal trauma-?

a. VICERAL INJURY

[138] unconscious patient in ER , your action during wait your senior ?

a. ANSER IS ABC-MAINTAIN .

[139] pt come only with gasping , do-

a. INTUBATION

[140] regarding breast carcinoma

[141] 32-year young with thyroid carcinoma | it is related to MEDULLRY

[142] breast tenderness , nodule , multiple , best diagnosis-

a. FNAC

[143] correct about hemorrhoids-

a. PAINLESS BLEEDING

[144] pt with tender braest , nodule , not related to menses , dx-?

a. CA

[145] urgency , dysurea , on flank pain , dx-

a. Pyelonephritis

[146] correct about multiple abdominal trauma

[147] Pt 60 yo collapse brought to ER then he awake before collapse he felt epigastric discomfort , Now tachycardia BP 100/80

a-leak aortic aneurysm

b-perforated peptic ulcer

Note : really I was confuse between this 2 answers

[148] Diagnosing peritoneal lavage positive when :

a-1000 RBC-

b-50WBC

Note : sorry I forget the other choices-THE ANSER IS> 100000 RBCs OR >500 WBCS

[149] ttt of erosive gastritis :

a-Antibiotics

b- H2 blocker

c-depend on the pt situation

d-total gastroectomy

e- sucralfate

[150] old man having pelvic pain worse by movement even at night when want to sleep still having the pain ?

[151] about elderly with appendicitis ?

a-less risk for perforation than young pts

b-usually normal WBCs

c-no fever exclude appendicitis in elderly

Note : But I am sure no choice that say the Appendicitis in elderly mask intestinal obstruction.

[152] male pts having penial ulcer. ... I forgut the rest !the q was how to investigate

a-take biopsy

b-dark filed microscopy

[153] Rt lunge anatomy ?

a-2pulmonary vanes (this was my answe)

b-2 fisser

c-8segments

[154] burn grade I and II treatment?

[155] adolescent with asymptomatic hernia :

a.surgical is better than medical ttt

b.contraindication to do surgery in reducible hernia

c.can cause hypoinfertility???

[156] Moderate spondylopathy ttt

a. Physiotherapy.

[157] pt use antacid , complain of vomiting and pain due to:

a. GERD

[158] pt with stone the most specific and sensitive is:

a.US

b.non contrast CT of abd & pelvis

[159] RT lung anatomy :

a.2 veins

b ... segments

[160] which of the following is normally not palpable :

a. thyroid gland

b. parotid gland

c. sublingual gland

d. cervical node

e. hyoid bone

[161] bilateral breast lesion

[162] Relation of indirect hernia

[163] gun shoot through the abdomen what is the prophylaxis antibiotic?

[164] question of clopoma operation?

[165] patient with gunshot and part of his bowel spillage out and you decide to give him antibiotic for *Bacteroides fragilis*, so u will give :

- a- Amoxicillin
- b- erythromycin
- c- doxycycline
- d- gentamicin**

[166] 40yr old pt with sudden onset of rectal pain that occur when he was sleep with tachycardia with diaphoresis:

- a-IBS
- b- gay bowel syndrome???
- c- UC

d- Proctalgia fugax

Note : proctalgia fugax (or levator syndrome) is a severe, episodic, rectal and sacrococcygeal pain. It can be caused by cramp of the pubococcygeus or levator ani muscles. It most often occurs in the middle of the night and lasts from seconds to minutes, an indicator for the differential diagnosis of levator ani syndrome, which presents as pain and aching lasting twenty minutes or longer.

[167] effective ttt of mastalgia:

- a- Caffeine
- b- OCP most likely
- c-tamoxifen

Note : but i`m not sure if it was one of the choices but danazol, bromocriptine were not of the choices

[168] child fall down from the bed and he start to cry and vomit 2 times on neurological examination is normal, mental state not change no signs of skull fracture, what u will do next :

- a- CT of brain**
- b- MRI
- c- neurosurgical consultation
- d- Observation**
- e- skull x-ray

[169] the wound stay in its primary inflammation until :

- a- epithelial tissue formation
- b- angiogenesis**
- c- when the wound clean
- d- eschar formation**

**[170] pt after tanning bed he developed blanchable tender rash
i'm not sure if there is blister or not :**

a- Prodromal

b- 1st degree

c- 2nd degree

d- 3rd degree burn .

**[171] Female com with lump in breast which one of the following make
you leave him without appointment :**

a- Cystic lesion with seruse fluid that not refill again

b- Blood on aspiration

c- Solid

d- Fibrocystic change on histological examination ???

**[172] Patient is a known case of gout presented with frequent Stones ..
Increased creat and urea .. The time btw attacks is decreased , how
would you decrease the frequency of attacks :**

a- Increse fluid

b- intakeclaries

c- Allupurinol (I think true)

d- Propenside

[173] Which of the following is true regarding gastric lavage :

a- Patient should be in the right lateral position .

b- It is not effective after 8 hours of aspirin ingestion .

[173] PATIENT has RTA and membranous urethral disruption

Long scenario:

a- Suprpubic catrheter (may be)

b- pubic repaire

c- trans urethral

d- catheter

e- abdominal repaire

**[174] Patient with testicular mass . non tender and growing on daily
basis . O/E epidydmeis was normal.. what u will do:**

a-Refer pt to do open biobsy or percutaneous biobsy

b- refer him to do US and surgical opening (I think true)

[175] A case of how to manage the enuresis :

a- Imipramine and vasopressin (I think true)

b- clonidine and vasopressin/

c- clonidine and guanfacine

**[176] Patient with gunshot and he developed dyspnea , raised JVP ,
Deviated trachea >>> ttt >>>**

a- needle decompression

**[177] patient with stab wound after fighting his pulse 98 , pb140/80
and RR=18 ,and there is part of omentum protruded,, what u will do :**

a-Exploration of the wound

b-schedule for laparotomy (I think is true)

c-DPL" diagnostic peritoneal lavage

d-FAST

**[178] Picture of slightly red swelling just above the nail bed of finger ,
painful, patient is what you will do:**

a- Incision and drainage with general anesthesia

b-I and D with local anesthesia/

c-change AB/

d-Complete augmentin for 1 wk

**[179] Pt known case of hypothyroidism , and you start levothyroxine
but she come after 1 wk with cold intolerance, and bradycardia, TSH
INCREASED :**

a-Continue and check after 1-2 month

b-decrease the dose

c-stop until tsh is become normal

[180] Same the above case but :

a-Increase dose and after 3 wk

b- increase and follow after 6 wk

c-indication of adenoidectomy

[181] about OCP:

a-decrease breast cancer

b-decrease ovarian cancer (my answer)

c-increase ectopic pregnancy

d-don't take by diabetic patient

e-don't take by healthy women over 30

Note : just imagine, this Qs come in surgery !! really I'll kill you

[182] trauma in chest present sob with cyanosis, his rt lung is silent with hyperresonance. The first step to treat this pt:

a-O2 maskb.

b-Tube thoracostomy

c- CXR d-needle decompression

[183] Surgery in c3 colon cancer :

a- Curative

b- Palliative

c- Diagnostic

[184] Patient with small congenital inguinal hernia :

a- It will cause infertility

b- Surgery to be done at 35 years

c- Elective surgery if it's reducible

[185] Mass in the upper back .. with punctum and releasing white frothy material...

a- It's likely to be infected and Antibiotic must be given before anything

b- Steroid will decrease its size

c- It can be treated with cryotherapy

d- It must be removed as a whole to keep the dermis intact

[186] about head and neck injury :

a. Hoarseness of voice and stridor can occur with mid facial injury

b. Tracheostomies contraindicated

c. Facial injury may cause upper airway injuries

[187] Pneumothorax:

a-needle insertion

[188] Pneumothorax:

a- thoracotomy

[189] Medication increase reflux esophagitis

a- Theophylline ?

b-ranitidine

c-plasil

d-ampicillin

[190] Benign feature of breast lump :

a-Bloody discharge

b-Solid mass

c-Cystic not appear after aspiration

d-With fibrocystic changes

[191] Patient came with dysphagia interfering with daily life ,past history of lymphoma treated With chemotherapy and radiation 2 years back and he did not follow in the last year Face congested dx :

a-Thoracic aortic aneurysm

b-Abdominal aortic aneurysm

c-Svc obstruction (my answer)

d-IVC obstruction

[192] Diagnostic peritoneal lavage :

a-2 ml of blood initial aspiration

b-2 ml of blood in pregnant

c-WBC in cc

[193] surgery should done immediately in cron's dis when :

a-Fistula

b-Intestinal obstruction

c-Abdominal mass

d-bacterial overgrowth

[194] child with bilious vomiting with yellow stool ,, abdominal distension He passed stool immediately after birth .

a-Harsh sprung dis

b-Mid gut volvulus

[195] true about gastric lavage :

a-Not helpful after 6 hours of aspirin ingestion

b-8 hours after

[196] scenario of cholecystitis what is the most therapeutic procedure

a-ERCP

b-Cholecystectomy

[197] patient came after RTA with heavy bleeding upper limb :

a-ABC

b-Call orthopedic

c-Press the bleeding site

d-Take to OR

[198] young female with left sided abdominal pain.no dysuria or change in bowel habit .history of hysterectomy 4yrs back but ovaries and tubes were preserved. on ex abdomen tender but no guarding. Investigation show leukocytosis and few pus cells in urine. there was also history of unprotected coitus with multiple partners.

a-consult surgeon

b-oral antibiotics

c-diagnose as ulcerative colitis

[199] nodule :

a-don't do anything so you don't rupture it

b-cryotherapy (true by luck)

[200] pt has GERD for 5 years , now EGD reveals >> columnar cell surrounded by Sq cell

a- SCC

b-Adenocarcinoma

c-barrette esophagus

[201] old pt , has loin pain , U/S reveals bilateral hydronephrosis , whats the cause :

a-prostate cancer

b- bladder cancer

c- urethral stricture

[202] pt. has Lt lower Abdominal pain , Fever , constipation CT reveals thickened loop and little peritoneal fat , what's appropriate to do:

a- start AB

b- call the surgeon for immediate OP

c-give laxative

d- barium enema

[203] True about Mallory-Weiss sx :

a- MCC of GI bleeding during pregnancy

b- resolved spontaneously

c- 1/3 cases of GI bleeding is d/t this Dz

[204] RTA pt. with femur fx , he has laceration of the femoral artery .. What to do :

a- end to end anastomosis

b- prosthetic graft

c-arterial graft

d- venous graft

[205] picture of large nodule in neck, O/E moves with deglutition, what is the dx:

a-lymphoma

b-goiter

c-hypoglossal cyst .

[206] patient with epigastric mass show by upper gi Investigation:

a-Endoscopy

b-Full blood test

c-barium enema

[207] after aspiration of abreast cyst, which of the following indicate that the cyst is benign:

a-Aspiration is clear & the cyst not refill

b-The aspiration is bloody

c-Cytology study shows hyperchromatic changes

d-Cytology study shows fibrocystic disease

[208] which is true regarding peritoneal lavage

a- fresh blood on inspiration 2 ml

b-Rbc 1000

c-wbc 50

d –blood 2 ml in pregnancy

[209] Testicular pain pain in groin region in examination ther is tenderness no organomegaly :

a-refer to surgery

b-refer to urology

c-do barium enema

[210] Complication of appendicitis :

a-small bowel obstruction

b-ileus paralytic

48. patent Blunt on his chest compline of cyanosis and resonance on one side First step :

a-o2 ([my answer](#))

b-intonation

c-needle

[211] Patient with pneumothorax and respiratory distress First to do:

a-intubation9

b-needle

[212] Perianal abscess treatment:

a-Incision and drainage

[213] Appendicitis prophylaxis :

a-Metronidazole

b-Ceftriaxone

c-Cefuroxime

[214] anal fissure most common site :

a-Posterior 90%

b-Anterior

[215] patient prolonged period defecation painful + blood-

a-anal fissure

b-hemorrhoid

[216] Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:

a-Colon

b-Bladder (my answer)

c-Liver

[217] Diagnostic peritoneal lavage :

a-2 ml of blood initial aspiration

b-2 ml of blood in pregnant

c-WBC in cc/

[218] painless lump in neck in child

a-Hodgkin lymphoma

b-Pharyngitis

c-Infectious mononucleosis

[219] old pat with bilateral hydronephrosis and loin pain :

a-Pelvic cancer

b-Prostatic hyper trophy

c-Bladder .. Tumor ??

[220] true about gastric lavage

a-Not helpful after 6 hours of aspirin ingestion

b-8 hours after

[221] scenario of cholecystitis what is the most therapeutic procedure

a-ERCP

b-Cholecystectomy

[222] Which breast disease is Bilateral:

a-Lobular carcinoma

[223] Regarding dx of GERD:

- a- Hx only
- b- Hx & Barium enema
- c- Hx & UGI endoscopy**
- d- Barium enema & colonoscopy

[224] Pt. presented to the ER after RTA. He was conscious , vitally stable. There was decreased air entry bilaterally & tracheal deviation to the opposite site. What is your next step:

- a- Order CXR STAT**
- b- Insert a needle in the 2nd ICS MCL
- c- Insert a needle in the 5th ICS MCL
- d- Insert a chest tube in the 5th ICS MCL**

[225] the marker for ovarian cancer :

- a-CA 125**

[226] patient came to ER with 2ndry degree burns involving the face and neck , how to manage :

- a-Silver sulfadiazine, sterile gauze, IV fluid and admit to hospital**

Note : Repeated qs but the choices weren't the same :l

[227] elderly patient complaining of LLQ abdominal pain with fever diarrhea :

- a-Diverticulitis**

[228] pt came unable to do thumb opposition :

- a-Median nerve injury**

[229] elderly pt. came with hx of coma and hypotension , before the coma she complained of epigastric pain , most likely due to :

- a-AAA small leakage**

[230] pt. with breast mass after FNA , u will leave it alone if :

- a- clear fluid and not refill again**
- b- Fibrocystic change on histological examination

[231] senior female patient with hiatal hernia ; which of the following correct:

- a-it become more severe in pregnancy (my answer)**

[232] 35 year old smoker , on examination shown white patch on the tongue, management: [\(Case of leucoplakia\)](#)

a. Antibiotics

b. No ttt

c. Close observation

d- excision biopsy ([my answer](#))

[233] male singer with colon cancer stage B2 ; which of the following correct :

a- no lymph node metastases

b-2 ===

c-lymph node metastasis + distant metastasis

[Note: the correct answer is a .](#)

[Stage IIB T4a, N0, M0: The cancer has grown through the wall of the colon or rectum but has not grown into other nearby tissues or organs \(T4a\). It has not yet spread to the nearby lymph nodes or distant sites .](#)

[234] wound at end inflammatory phase which of the following correct:

a-Epithelial tissue formation

b-Wound clear ([my answer](#))

c-Wound eschar formation

[235] colon cancer with stage 3 give the chemotherapy:

a-As soon as possible ([my answer](#))

b-After psychological prepare

c- After 1 week

[236] typical senior of acute cholecystitis ; the best way to investigate:

a-US ([my answer](#))

b-x-ray

[237] Relation of indirect hernia to spermatic cord:

a-Superior medial

b-Superior lateral (like anteriolateral) ([my answer](#))

c-Inferior medial

[238] Pt came with deep injury on the wrist site, the nerve that has high risk to be injured will manifest as:

a-Can not oppose thumb to the other finger ([my answer](#))

b-Claw hand

c-Drop hand

[239] Pt work most of the time on the computer came with wrist pain , positive tinel sign you will do cast for the hand so the hand position should be in:

A-Dorsiflexion ([I think its correct answer](#))

C-Ulnar deviation

D-Extension ([my answer](#)) I'm not sure.

[240] Patient after accident, there was a part on his left chest moving inward during inspiration and outward during expiration Dx

a-Pneumothorax

b-Rib fx

c-Flail chest (my answer)

d-Rib dislocation

[241] old male bedridden with ulcer in his buttock 2 *3 cm ; involve muscle Which is stage : pressure ulcer

a-1

b-2

c-3

d- 4

Note: -stage I : non-blanchable redness that NOT subside after relive of the pressure)

-stage II : damage to epidermis & dermis but NOT deeper

-stageIII : subcutaneous tissue involvement)

-stageIV : deeper than subcutaneous tissue as muscles & bones)

[242] male FALL FROM THE 5TH FLOOR TO THE GROUND. 1st step in management :

a-maintains airway (may answer)

b-give O2

[243] young male patient present to ER due to RTA with poly trauma ; the best way to maintains airway in responsive poly trauma patient is:

a-orophargenial airway

b-nasophargenial airway

c-trachastomy

d-endotracheacheal intubations (my answer)

[244] long case patient with RTA with Blunt trauma to abdomen . patient underwent removal of distal small intestine and proximal colon , patient come after 6 month with chronic diarrhea , SOB , sign of anemia , CBC show megaloblastic anemia, What the cause of anemia :

a-folic acid deficiency

b- B12 deficiency

c-alcohol

[245] lady with big abscess in left arm , how to manage :

a-antibiotic

b-antibiotics and incision & drainage (my answer)

[246] about head and neck injury :

a-Hoarseness of voice and stridor can occur with mild facial injury

b-Tracheostomies contraindicated

c-Facial injury may cause upper air way injures

[247] 35 year old smoker , on examination shown white patch on the tongue, management:

a. Antibiotics b. No ttt

c. Close observation

Note : This is a case of leukoplakia and the management includes: ask the pt. to stop smoking, do a biopsy for the lesion; if there is pre-cancerous changes or cancer in the biopsy ; surgical excision should be done.
CORRECT

[248] Most common symptoms or sign of renal cell carcinoma in adult is:

a. Hematuria

b. Abdominal mass

c. Flank pain

[249] The most common active form of thyroid hormone is:

a- T4

b- T3 (my answer)

c- TSH

d- TRH

e-T2

Note: the active form is T3 but the highest level is T4.

[250] Thyroid cancer associated with:

a-Euothyroid

b-hyper

c-hypo

d-graves

[251] Facial nerve when it exits the tempromandibular joint and enter parotid gland it passes:

a-Superficial to retromandibular vein and ext. carotid artery

b-deep to ex. Carotid

c-deep to R vein

[252] long constipation + painful defecation persist for 30 min + bleeding:

a-anal fissure

[253] pt with vomiting , constipation ,pain and distension past hx 7 month appendectomy dx :

a-Mechanical IO

b-ileus

[254] according to hemorrhoid :

a-can be due to portal HTN & pregnancy

[255] self breast examination:

a-monthly

b-weekly

c-yearly

[256] lactating women with mastitis:

a-continuo breastfeeding

b-stop

[257] case with 60 years old male with RT upper quadrant pain after dinner, most likely DX gallstone ; What is most appropriate

investigation to DX gall stone :

a-US

[258] another case , typical case acute cholecystitis , What is most appropriate investigation to DX cholecystitis:

a-Abdominal ultrasound

b-oral cholecystogram /

c-isotope scan

[259] long case , patient fall down from ladder , come to ER with labored breath , cynose , decrease breath sound on rt side + hyper resonse , management is :

a-O2 via mask

b-tube throctomy

c-endotrocheal tubation

[260] long case , acute pancreatitis which is TRUE;

a-Total parental nutrition

b-Regular diet with low sugar

c-High protein ,high

d-ca , low sugar

e-Naso-juenal tube (MAKE SURE)

[261] Relation of indirect hernia :

a-Antero lateral or supralateral

[262] The most active for of thyroid function test:

a-T3

[263] Case of hemangioma in the eye affecting vision , when you have to Remove:

a-1 week

sure 100% inshallah

[264] Scoliosis, when to refer the patient to surgery:

a-20 degree (sure)

[265] Old pts with history of bilateral pain and crepitation of both knee for years now come with acute RT knee swelling , on examination you find that there is edema over dorsum and tibia of RT leg ,what is the best investigation for this condition:

a- Rt limb venogram

I think plain x-ray to see osteophytes which indicates oa

[266] In a flame burn what is the cause of acute death:

a-Gas inhalation

[267] Sliver ,,,, drug used in Burn , what is the side effect:

a-leucopenia ????

[278] Conscious poly trauma pts , what is the action:

a-ABC

[279] Pts hit on his chest , after 2 hours come with , BP 100 /70 , pulse 120 , RR 40 , chest x-ray show, white lung field in the LT hemithorax , what is your action:

a-Thoracoectomy

I THINK NEEDS CHEST TUBE

[280] Old pts with positive occult blood in stool:

a-Flexible sigmoidoscopy ?

b- Colonoscopy

[281] Young pts come with sever testicular pain , decrease in doplex supply to tests, what is your action:

a-refer to surgen

b-refer to urologist

c-more investigation

[282] Live guard come to annual examination , no compliant , muscular discloration, painless over the face , thers is history for exposure unprotective to sun rays:

a-Sqamous cell carcinoma

[283] 40 yrs old male com with HX of smoking & alcohol intake for long time complain of painless ulcer ,role out border on the lateral border of the tongue DX:

a-SCC ????

b-Lukoplakia

[284] Severe pain in anatomical snaph pox:

a-scaphoid fracture

[285] Female came with lump in breast, which one of the followings make you leave him without appointment:

a-Cystic lesion with serrous fluid that not refill again ??

b-Blood on aspiration

c-Solid

[286] a patient who thinks that he has a brain tumor with a long list of symptoms:

a- hypchondraisis

b- generalized anxiety disorder ????

c- depression

[287] best diagnostic in acute diverticulitis:

a-Ct

b- barium enema

c-colonoscopy-sigmoidoscopy

[288] recognised feature of hiatus hernia :

a-Anorexia

b-morning vomiting

c-increase with pregnancy

d-Leucopenia

e-Skin pigmentation

[289] pt with loin pain on us hydronephrosis of both ureter „Cause :

a-Bladder cancer

b- prostate enlargement

c-pelvic cancer

d-Fibrosis

[290] pt has colon cancer stage c2 role of surgery is:

a-curative . ????

b-palliative

c-exploratory

d-diagnostic

[291] rt lung:

a- fissure-

b-pulmonary vein

c- segment

[292] sutured triceps post trauma, greenish material :

a-Gram +ve in chains

b-Staph

c-Strept

[293] urinalysis:

a- epithelial cells

[294] Patient with breast cancer and metastasis came complain of Tachycardia hypotension , engorged neck vein and sob. what is most Action newhich drug can not be use in acute cholysystits

a-Naproxen

b-Morphine

c-Mepriden

d-Acetamenophin

e-Perdoxyphen

[295] Old patient came with fever Left lq pain and tenderness but no--

a-Sigmoid volvuls

b-Diverticulitis

c-Intestinal obstraction

[296] what is the. Symptom most likly occure with hiatus hernia :

a-Skin pigmentation

b-The symptom increase with pregnancy

[297] patient with bed sore involve skin and extend to fascia what a Grade :

a-Grade1

b-Grade 2

c-Grade 3

d-Grade 4

[298] filling defect in renal pelvis not opaque, on us echo (they Prescribe the apperence of this filling defect but i forget it) what is this Filling defect:

a-Uric acid stone

b-Blood clot

c-Epith. Cells

d-Vascular.....

[299] role of surgery in stage c2 colon cancer:

a-Curative

b- palliative

c- diagnostic

d-exploratory

[300] old pat. Complaining of abdominal pain , vomiting o/e there is longLongitudinal scar in abdomen, on abdominal x-ray there is air fluid level,What is the next step:

a-Conservative management

[301] case of perth`s disease what is the appropriate management:

a-Physiotherapy

b-Surgery

c-Non weight bearing for 6m

[302] year - old male had been stabbed on midtriceps, after one week of dressing they remove the dressing and there is greenish fluid discharge . On microscopic examination of this greenish fluid show gram positive ecocci in chains:

a- Streptococcal gangrene

b-Chlostrideal gangrene

c-Fournier`s gangrene

d-Meningocemia

[303] A man who is been in an accident , just arrive to ER , you will :

a- assess airway

b- assess GCS

c- Establish IV lines

[304] an old man 65 years with Hemoglobin 9 .. you will:

a- Assess Iron levels

b- Assess LDH

c- Arrange for endoscopy

[305] Facial injury suturing remove after:

a-24h

b- 3 – 5 days (most likely)

c- 7 – 10 days

d- 14 days

[306] A picture of mid line swelling that moves with degilution:

a- Colloid goiter

b- Cystic hygroma

c- Thyroid carcinoma

[307] Pt. with 1st and 2nd degree burn involving face and neck:

All choices with no hospital admission except one which I choosed as the burn involves the face

[308] pt. with 10 days history of MI discharged yestarday ..present today with sudden painful left limb by exam limb is cold and pale ..

Dx:

a-DVT (hx of bed ridden but no swelling or hottness

b-arterial thrombosis (can be,, he has atherosclerosis

c-arterial embolism

[309] pt. with ARDS in hospitl .. he develop tension pnemothorax .

What the cause :

a-negative pressure ventilation

(i'm sure about positive pressure .. but negative !!!!!!!!!!!)

b-100% o2c and d were irrelevant

I think 100% o2 can cause barotrauma and hence pnemothorax.

[310] A burn patient is treated with Silver Sulfadiazine, the toxicity of this drug can cause:

a- Lycosytosis

b- Neutropenia

c- Electrolyte disbalance

d- Hypokalemia

[311] Patient with high output fistula , for which TPN was ordered a few weeks ,2 unit of blood given and after 2 hours , the patient become comatose and unresponsive , what is the most likely cause :

a-. Septic shock .

b- Electrolytes imbalance

c- Delayed response of blood mismatch .

d- Hypoglycemia .

e- Hypernatremia

[312] propylthiouracil drug mechanism of action:

I do not remember options

**[313] Patient with ARDS on ventilation developed pnemothorax..
cause:**

a-(-ve)pressure ventilation

b- central line

c- 100% O2

Note : answer is +ve pressure or lung injury

[314] +ve leichman test:

a. ACL injury

[315] thyroid cancer associated with : : (from reconstruction)

a- hyperthyroidism

b- hypothyroidism

c-euothyroid

**[316] young fall high absent sound in right side and resounce
percution first thing to do oxygen mask :**

a- oxygen mask

b- tube thoractomy

[317] A patient with penetrating abdominal stab wound. Vitals are: HR 98, BP 140/80, RR 18. A part of omentum was protruding through the wound. What is the most appropriate next step:

- a- FAST Ultrasound
- b- DPL (Diagnostic peritoneal lavage)
- c-Explore the wound
- d- Arrange for a CT Scan

e-Exploratory laparotomy

[318] old lady with skin changes near areola according to her because new detergent she used, if it didn't resolve after 2 weeks of steroid cream what you will do:

a- Mammography

- b- Cbc
- c- US

[319] 3 years old boy with acute UTI , first thing to do in such acute thing :

a-Indwelling foley catheter drain

b - voiding cytctogram

c- cystoscopy

[320] Patient with GERD has barretesophagus , this metaplasia increase risk of :

a-Adenocarcinoma

b-Squmaou cell carcinoma

[321] you r supposed to keep a child NPO he's 25 kgs, how much you will give:

- a. 1300
- b. 1400
- c. 1500

d. 1600

[322] pt with renal stone what is the best investigation:

a- CT

[323] Deep jaundice wit palpable gallbladder:

a- Cancer head of pancreas

[324] most common symptoms of soft tissue sarcoma:

a- Paralysis

b- Ongrowing mass (painless)(slow-growing)

c- Pain

[325] pt with hypothenar muscle atrophy numbness on little finger

EMG showed ulnar entrapment what you would do :

a- Physiotherapy

b- Observation

c- Surgical release

[326] Patient after accident, the left ribcage move inward during inspiration and outward during expiration:

a. Flial chest

[327] High senstive & specific for urolithasis the man had severe pain for one day and you suspect kidney stones :

a- CT scan

b- X ray

c- MRI

d- IVP

e- US

[328] a patient old with WBC 17000 and left iliac fossa tenderness and fever most likely has:

a- diverticulitis

b- colon cancer

c- crohn disease

[329] 70 yr old presented with wt loss, fatigue, anemia , upper quadrant pain without any previous history, the stool sowed high fat he is a known :

a- Acute pancreatitis

b- Chronic pancreatitis

b- Pancreatic carcinoma

[330] a man after defecation finds blood on toilet paper he been having difficulties with defecation:

a- colon cancer

b-hemorrhoids

c- anal fissure

[331] a female pregnant previously she have DVT you will now give her:

a- warfarin

b- heparin

c- aspirin

d- enoxparin

[332] Facial nerve when it exits the tempromandibular joint and enter parotid gland it passes:

a- Superficial to retromandibular vein and ext. carotid artery

b- deep to ex. Carotid

c- deep to R vein

d- between retrmandibular vein and external carotid artery

[333] In hiatal hernia:

a- It will increase with pregnancy

[334] a patient come to ER with constricted pupil and respiratory compromise you will suspect:

a- opiates

b- cocaine

c- ectasy

[335] healthy child with pRBC in urin 15 cells/hpf .. what to do :

a- repeat urine analysis for blood and proten

[336] regarding hiatal hernia:

a-symptoms increase with pregnancy

b-symptoms increased with lying down

[337] which one will reduce colon cancer:

a-vit d

b-zenc

c-no fiber no vit c !!!!! vita A,C,E & high fiber

[338] investigation u child with syomptomes of intestinal obstruction .. what will do :

a-barium enema

b-barium follow through

[339] case of acute pancreatitis next step:

a-Total parenteral nutrition

b-Jejuna nutrition

[340] Elbow fx , on lateral x-ray :

a-Post. Fat pad sign

[341] Prophylactic antibiotics after appendectomy:

a-Cephalexin

b-Metronidazole

[342] The most common cause for chronic irregular rectal bleeding is:

a-Diverticulitis

b-Hemorrhoids

c-Colon ca

d-UC

[343] Picture (x-ray for intestinal obstruction)

With very clear scenario and description .. The Q about what to do ?

a-Remove the obstruction

b-ileus management

c-Intest. Decompression

[344] Pt came with left lower quadrant pain + fever and vomiting

On examination there is left lower quadrant tenderness with localized, rebound, WBC 17.000 What is most likely diagnosis:

a-Diverticulitis

b-Granulomatous lesion of Crohn's

c-Intestinal ischemia

d-Sigmoid volvulus

[345] Pt came after fight (gunshot) there is a piece of the omentum

coming out from the wound . Vital signs (HR 98 , BP 130/80, RR 18) ..

What is the best action to do :

a-CT

b-DPL

c-Fast us

d-Wound exploration

e-Scheduled laprotomy

[346] Which of the following breast mass is bilateral :

a-Paget disease

b-Lobular carcinoma

c-Mucinous carcinoma

[347] Q about which breast mass present with bloody discharge :
- (i didn't remember the choices , sorry) but u should read about it

[348] regarding peritonitis which is true :
a-chemical erosion

[349] clear scenario about appendicitis

[350] repeated Q regarding newborn clavicular fx

[351] repeated Q one statement is true regarding head and neck scenario of varicocele (bag of worms scrotum)

[352] repeated Q about referring pt with scoliosis at which degree
a. 20

[353] relation of indirect inguinal hernia to the spermatic cord
a. anteromedial injury

[354] What is the main side effect of silver sulfadiazine in burn :
a- Acidosis .
b. Skin discoloration

[355] What is true about appendicitis in elderly

[356] The best investigation for acute diverticulitis is :
a- US
b- Barium enema
c- CT
d- Colonoscopy
e- Sigmoidoscopy

[357] Degree of scoliosis that referral to orthopedic clinic : 20

[358] Professional player came with history of trauma on the lateral side of left knee , on examination there is swelling in the medial aspect of left knee , the diagnosis is :
a- Medial collateral ligament spasm .
b- Lateral collateral ligament spasm .
c- Medial meniscus tear
d- Lateral meniscus tear

[359] In the burn rule of : nine

[360] In Acute pancreatitis there is :

a- Pseudocyst

b- Fistula

[361] Pain in breast specially above the areola , most common cause is :

Fibrocystic disease

[362] The abnormal sign in elbow X-Ray is :

- Posterior Pad Sign

[363] Case " Ulnar compression " test :

a-cubitus decompression

[364] Man with hand work by hammer came with pain on elbow diagnosis is :

A-Lateral epicondylitis

[365] 4th degree of hemorrhoid :

a-Hemorrhoidectomy

[366] What is the true for fracture of head and neck

[367] Pt . have right stab trauma in his chest on right side .. he came to emergency conscious .. oriented but tachypneic....trachea shifted to the other side.. what is the next step in management:

a-Order CXR

b-Insert large needle in 2nd intercostal space mid clavicular

c-Insert needle in 5th intercostals

[368] Hx of trauma in DIP(finger hyperextension)with palm pain:

[\(incomplete Q\)](#)

a- Extraarticular fracture in DIP

b- Intraarticular fracture in DIP

c- Superficial tendon tears

d- Tendon profundus tear

[369] Common complication of pancreatitis:

- Pseudocyst

- Phlegmon

**[370] 20 year old male had been stabbed on midtriceps ,
On microscopic examination of this greenish fluid show gram
positive cocci in chains:**

a- Streptococcal gangrene

b- Chlostrideal gangrene

c- Fournier's gangrene

d- meningocemia

[371] One of the following decrease chance of colon cancer :

a. Zinc

b. Vit. E

c. Beta carotene

d. Folic acid [\(my answer\) im not sure that its right or not](#)

**[372] 36 y female with breast mass mobile and change with menstrual
cycle , no skin dimple or fathering mammogram is not diagnostic.**

Your advice is :

a- (my answer) but im not sure

b-make biopsy

c-fine needle aspiration

[Note : there is NO singe of breast cancer. It is Fibroadenoma. Just do FNA
to exclude cancer & relive the pt\)](#)

d-oral contraception

**[372] Old male with abdominal pain , nausea , WBC 7. What is true
about appendicitis in elderly:**

a. Ct not usefull for diagnosis.

b. WBC is often normal.

c. Rupture is common

d. If there is no fever the diagnosis of appendicitis is unlikely

e. Anemia is common

**[373] urinary dripping and hesitancy ur Dx is mild BPH. ur next step
in management is :**

a. transurethral retrograde prostatectomy

b. start on medication (alpha blocker)

c. open prostatectomy

[374] ??

a. Testicular Ca

b. RCC (renal cell carcinoma) my answer

c. Cystitis

[375] bilateral breast mass diagnosis :

a. ductal carcinoma

b. pagets disease

c. lobular

[376] 30 yrs pt c/o feeling heaviness in the lower abdomen having pulse palpable at the top scrotum that was reducible and increasing in valsalva maneuver „diagnosis :

- a. hydrocele
- b. varicocele
- c. indirect inguinal hernia**
- d. direct inguinal hernia

[377] Patient came after deep laceration at the anterior part of the wrist:

- a. Wrist drop
- b. Sensory loss only
- c. Claw hand
- d. Unable to do thumb opposition**

[378] Pt with thyroid mass , firm ,2x2 cm what is most appropriate for Dx :

- a- Neck US ([my answer but im not sure it could be b](#))
- b- FNA ([this could be the right answer](#))**
- c- Neck CT
- d- Surgery

[379] Treatment of papillary thyroid cancer: ([read about it](#))

- a. radioactive iodine uptake scan
- b. surgery**

[380] senioro about old man came with jaundice in skin and eye , all investigations were normal except for bilurbin and gave value for direct and indirect the direct was high

- a. extrahepatic biliary obstruction**

[381] 1st step:

- a. Secure air way (my answer)
- b. Tourniquet on the arm

[382] !!

- a. Lumbar lordosis (my answer)
- b. Parasthes

[383] Young adult presented with pain on lateral elbow, tingeling of lateral arm, he plays Squash:

- a. carbel tunnel
- b. lateral epicondylitis.(tenis elbow)**

[384] A boy felt down on his elbow , the lateral x-ray shows:

a. Anterior Pad sign

b. Posterior pad sign (my answer)

c. Anterior line of humerus intersecting the cubitium

d. Radial line forming 90 degree with cubitium

[385] little finger , with atrophy of the hypothenar muscles , EMG showed cubital tunnel compression of the ulnar nerve , what is your action now :

a. Ulnar nerve decompression . surgical decompression

b. Steroid injection .

c. CT scan of the spine .

[386] A patient presented with pain in the index finger, he feels severe pain when holding scissors in the base of his finger on the palmar side, the finger is locked and there is also pain on full extension of the finger:

a-Trigger finger

b-Mallet finger

c-Dupuytren's contracture

d-Tendon cyst

[387] Old male with acute pancreatitis, (high glucose, low Ca)the appropriate nutrition :

a-TPN

b-Regular diet with low sugar

c-High protein ,high ca , low sugar

d-Naso-jugular tube

[388] A man notices blood on toilet paper during defecation, persistent rectal discomfort:

a-Ulcerative proctitis

b-Crohn's disease of the rectum

c-Hemorrhoids

d-Abscess

[389] Baby with emesis, bloody mucoid discharge per rectum, constipated, loud bowel sounds and obstructive picture, your action:

a-Barium follow through. (my answer) Δ INTUSUSCEPTION

b-Double contrast

[390] 4 year old kid keeps spitting his food:

a-Reassure

b-Endoscopy

[391] decreased the fatty shadows around distal colon, your next step:

a. Double contrast

[392] A young lady with cyclical metromenorrhagia and pain, she has never used any kind of contraceptives before, your TTT:

a-NSAIDs

b-OCP (my answer)

c-Danazol

[392] Patient presented with periumbilical pain , +ve psoas sign:

a. Acute appendicitis

[393] Middle aged man with hematuria and uremia, Rt. And Lt. Quadrant masses palpable "what quadrants?" what's the Dx:

a-Hepatorenal syndrome

b-Suprahepatoma "what now?"

c-Polycystic Kidney disease (my answer)

[394] Patient with pain in the anatomical snuffbox, he most likely has:

a-Boxer's fracture

b-Colle's fracture

c-Scaphoid fracture

[395] The most common cause of immediate death in flame burn victims:

a-Inhalation of smoke.

b-Associated injuries. (most likely)

c-Hypovolemic shock.

d-Septic shock.

[396] Patient complaining of torso pain after using tan bed, on examination skin on the chest was red, reblenchable and painful:

a-1st degree burn

b-2nd degree burn

c-3rd degree burn

[397] a scenario of a patient undergone gastrectomy 1 day back..what's the cause of fever :

a-wound infection

b-inflammatory mediators

[398] a pt is complaining of vomiting..in ex there was wavy movement..so most likely dx is

-intestinal ob.

[399] a pt with AF came with black stool (and i think hypotension)..dx is:

-ischemic mesentery

[400] An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:

a-Osteoporosis

b-Osteoarthritis

Note : I don't know how this Qs considered as a surgical Qs .

[401] old pt c/o bilateral knee pain with mild joint enlargement ESR and CRP normal dx :

a- Osteoarthritis

b- Rheumatoid arthritis

c- Gout

d- Osteoporosis

[402] 31 year old Women with cyclic bilateral modularity in her breast since 6 months on ex there is 3 cm tender mobile mass wt u will do next :

a-FNA with cytology

b-mammogram

c- biopsy

d- follow up for next cycle

e-observation

[403] a pt c/o deep jaundice which has a progressive course..o/e: the gall bladder was palpable :

a-pancreatic ca

b-acute cholecystitis

[404] Pt with painless thyroid mass..what is most appropriate for Mx :

a- Neck US

b- FNA

c- Neck CT

[405] newborn with fracture mid clavicle what is true:

a. Most cases cause serious complication

b. Arm sling or figure 8 sling used

c. Most patient heal without complications

406. the following is true in suspected acute appendicitis in a 70 yr old person:

- a) Perforation is less likely than usual
- b) Rigidity is more marked than usual
- c) Abdominal X-ray is not useful for exclusion of obstruction
- d) Outlook is relatively good
- e) Intestinal obstruction may be mimicked

407. Appendicitis in elderly:

- a) less risk of perforation.
- b) more rigidity.
- c) can mimic intestinal obstruction.

408. about appendicitis in elderly:

- a-perforation is not common
- b-gives more rigidity than usual
- c-can mimic obstruction

409. The following is true about suspected acute appendicitis in a 70 year old man:

- A-Perforation is less likely than usual.
- B-Rigidity is more marked than usual.
- C-Abdominal x-ray is not useful.
- D-Outlook is relatively good.
- E-intestinal obstruction maybe mimicked.

410. The most sensitive test for defining the presence of an inflammatory focus in appendicitis is:

- a. The white blood count.
- b. The patient's temperature.
- c. The white blood cell differential
- d. The sedimentation rate.
- e. The eosinophil count.

411. The peak incidence of acute appendicitis is between:

- a. One and two years.
- b. Two and five years.
- c. Six and 11 years.
- d. 12 and 18 years
- e. 19 and 25years.

412. Acute appendicitis:

- a. Occurs equally among men and women.
- b. With perforation will show fecoliths in 10% of cases.
- c. Without perforation will show fecoliths in fewer than 2% of cases.
- d. Has decreased in frequency during the past 20 years.
- e. Presents with vomiting in 25% of cases.

413. The mortality rate from acute appendicitis in the general population is:

- a. 4 per 100.
- b. 4 per 1000. 1 : 1000
- c. 4per 10000.
- d. 4 per 100000.
- e. 4per 1000000.

414. A 17 year old boy presents with pain over the umbilicus 10 hours prior to admission. During transport to the hospital the pain was mainly in the hypogastrium and right iliac fossa. He has tenderness

on deep palpation in the right iliac fossa. The most likely diagnosis is:

- a. Mesenteric adenitis.
- b. Acute appendicitis.
- c. Torsion of the testis.
- d. Cystitis.
- e. Ureteric colic.

415. female presented to ER with HCL burn on her face there was partial thickness burn. Management

A. irrigation with water

- B. irrigation with soda bi carb
- C. immediate debridement

416-which one of the following is the best management for 1 degree burn

- A. debridement
- B. warm wash and remove the material
- C. water and ice
- D. keep the affected area in cool area

417-pt sustain RTA his b/p 70/90 HR=140 RR=40 cold skin}} sign of hypovolemic shock ,, clinically there is bilateral pelvic fracture , What is the Appropriate NEXT step

- A. IV replacement**
- B. blood transfusion
- C. splint fracture

418-24 y/o healthy male complain of RT testes swelling , O/E there is larger RT mass not tender ,and the patient told you that its growing by the time , What is the most Appropriate step in this situation :

- A. referred to open scrotum and take a biopsy
- B. referred to general surgery for ultrasound and take opinion**
- C. observation and follow up next month

419-which one of the following factors MOSTLY determiner the recurrence of colorectal cancer :

- A. age
- B. stage**
- C. family history
- D. gender

420-adult healthy male came with tender red swelling on right hand up to forearm and you found black head and large pore skin , he said it happen after trauma to his hand 1 week back , the management should be :

- A/ topical antibiotic
- B/ topical Antifungal
- C/cryosurgery
- D/ Oral antibiotic**

421-male, presented with pain in the posterior aspect of the thigh, he was running long distance felt a pop in his thigh, on exam, tenderness, erythema, and swelling, no defect what is the best treatment:

- A. Surgery
- B. Ice, rest, bandages, and elevation of the limb.**
- C. Bandages only.
- D. Splint.

422-which one is true Regarding appendicitis in the elderly:

- A. If the patient is afebrile this rules out appendicitis
- B. WBC is often normal Rupture is not common**
- C. anemia is common finding

423-what is the treatment for common mastalgia :

- A. tamoxifen**
- B. caffeine
- C. OCP**

424-Regarding to Mallory weiss syndrome what is true /

- A. surgery mostly needed
- B. the hemorrhage stop spontaneously**

425-About hepatoma (hepatocellular carcinoma) what is true mostly associated with chronic liver disease

- A. Smoking is a risk factor**
- B. 10% in Africa and Asia

426-diagnostic lavage what is diagnostic

- A. 1000 RBC is diagnostic
- B. 500 WBC is diagnostic**
- C. 2 ml of blood initial aspiration
- D. 2 ml of blood in pregnant

427-after aspiration of a breast cyst, which of the following indicate that the cyst is benign:

- A. Aspiration is clear & the cyst not refill**
- B. Cytology study shows fibrocystic disease

428-45 years female with discharge contain blood What's the comments cause

- A. Duct papilloma**
- B. Ductal ectasia
- C. Abscess

429-About large uncomplicated pneumothorax what's true :

- A. There is deviation of trachea**
- B. There is decrease in percussion of the affected side

430-70 years old male , he is newly diagnosed with HTN his b/p is 170/105 , history of DM since 20 years old , no history if MI or any vascular disease , what's the most appropriate anti HTN to give ?

- A. ACEI
- B. Thiazide
- C. CCB**
- D. B blocker

431-Middle age Male presented to the ER comatose and his skin looks reddish , what's the most likely diagnosis ?

A. Carbon monoxide poisoning (my answer)

B. High dose of insulin

C. Septicemia

432-Pt. with barrette esophagitis , risk of malignancy:

A. adenocarcinoma

433-Injury of arterial blood v

A. -red bright, spurting (my answer)

434-elderly patient complaining of LLQ abdominal pain with fever , diarrhea

A. -diverticulitis

435-Patient came to ER with 2nd degree burns involving the face and neck , how to manage ?

436-pt asking you why instead of doing self-breast exam. Every month not to do mammography yearly , what you'll say :

A. -mammography only detect deep tumor

B. -mammography and self-exam. Are complementary الأقرب

C. -self breast exam are better because it detect early tumor

D. mammography are only for palpable masses

437-pt. with breast mass after FNA , u will leave it alone if :

A. -clear fluid and not refill again

438-about appendicitis in elderly :

- A. WBC is often normal (may answer)**
- B. low risk of rupture
- C. CT scan is not beneficial to make the diagnosis
- D. another MCQs about fever

439-a man fell down from the ladder, c/o SOB (and I think cyanosis), on exam breath sounds are decreased even in the right side (this is how they wrote it !!), u will do :

- A. needle thoracotomy or chest tube**
- B. insert endotracheal tube
- C. other options I forgot

440-a long scenario about head trauma presented with preiorbital swelling, the doctor suspected blowout fracture, what's true :

- A. an air-fluid level in the CT will exclude blowout fx
- B. globe injury is rare
- C. others options i forgot, just read about blowout fx

441-Pt came with deep injury on the wrist site, the nerve that has high risk to be injured will manifest as Can not oppose thumb to the other finger?

- A. median nerve**

442-Pt work most of the time on the computer came with wrist pain , positive tunnel sign you will do cast for the hand so the hand position should be in

- A. Dorsiflexion

443-known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles , EMG showed cubital tunnel compression of the ulnar nerve , what is your action now?

- A. Cubital tunnel release**

444-pt. known smoker 10 cigar for last 10yr, present with oral ulcer , received antibiotic with no improvement ??

- A. biopsy**
- B. -reassure
- C. -staining

445-testicular fullness ,like bag of worm , positive valsava:

- A. varicocele**

446-testicular mass at tip , positive valsava:

- A. indirect inguinal hernia**

447-female 25yo , ask you about breast self-examination when should be done:

- A. -6-7 day after cycle**
- B. -5 day before
- C. -7-10 day after
- D. -14-16 day after
- E. after 2 day

448-pt underwent colectomy diagnosed as stage B2:

- A. NO lymph node involve**
- B. 2to4 l.n
- C. one l.n

449-. mastalgia ttt:

- A. OCP**

450-Child with duodenal atresia, characteristic sign in imaging:

- A. -double bubble**

451-Pt with barrette esophagus , risk of get malignancy:

- A. adenocarcinoma**
- B. squamous

452-Known alcoholic chronic for long time, present with lymph node in mid cervical , your action:

- A. -laryngoscope
- B. -excisional biopsy
- C. -needle biopsy**

453-Yong male with 3 day of dysuria, anal pain , O/E per rectum boggy mass :

- A. acute prostatitis**

454-Computer programmer, a case of carpet tunnel syndrome, positive tunnel test , how to splint:

- A. Dorsiflexion**

455-LACERATION IN ANTERIOR ASPECT OF WRIST:

- A. wrist drop
- B. -median nerve injury**
- C. -claw hand

456-Pneumothorax:

- A- Thoracotomy (needle)**

457.14 year old female with bilateral breast mass no family hx of cancer:

- A. fibro adenoma,
- B. fibrocystic changes,**
- C. breast cancer

458. Benign feature of breast lump:

- A. Bloody discharge
- B. Solid mass
- C. Cystic not appear after aspiration**
- D. With fibrocystic changes*

459. Patient with terminal ovary cancer after surgery radiology found clamp in her abdomen :

- A. Don't inform her because she is terminal
- B. Inform her and refer her surgery**

460- Patient came with dysphagia interferer with daily life ,past history of lymphoma treated with chemotherapy & radiation 2 years back and he did not follow in the last year, Face congested dx :

- A. Thoracic aortic aneurysm
- B. Abdominal aortic aneurism
- C. Svc obstruction (my answer)**
- D. IVC obstruction

461- surgery should done immediately in chron's dis when :

- A. Fistula
- B. Intestinal obs**
- C. Abdominal mass
- D. Intes bacterial overgrowth

462 - old pat with bilateral hydronephrosis and loin pain :

- A. Pelvic cancer
- B. Prostatic hyper trophy (may answer)**
- C. Bladder .. Tumor ??**

463- true about gastric lavage :

- A. Not helpful after 6 hours of aspirin ingestion**
- B. 8 hours after ..

464- scenario of cholecystitis what is the most therapeutic procedure :

- A. ERCP
- B. Cholecystectomy**

465- pt with hoarseness of voice . Next step:

A. Laryngoscope

466- patient came after RTA with heavy bleeding upper limb :

A. ABC

B. Call orthopedic

C. Press the bleeding site

D. Take to OR

467-celiac dz . all should be avoided except :

A. wheat

B. oat

C. Rice

468- pt has GERD for 5 years , now EGD reveals columnar cell surrounded by Squamous cell :

A. squamous .c.c

B. Adenocarcinoma

C. barrette esophagus

469- old pt , has loin pain , U/S reveals bilateral hydronephrosis , what's the cause :

A. prostate cancer

B. bladder cancer

C. urethral stricture

470- pt has Lt lower Abdominal pain , Fever , constipation CT reveals thickened loop, and little perianal fat , whats appropriate to do :

A. start AB

B. call the surgeon for immediate OP

C. give laxative

D. barium enema

471-True about Mallory-Weiss Sx :

A. MCC of GI bleeding during pregnancy

B. resolved spontaneously

472- cases of GI bleeding is d/t this Disease :

473- True regarding hiatal hernia:

- a. Morning vomiting
- b. Increased with pregnancy.**
- c. Dark skin pigmentation

474- Acute loss of body fluid into abdominal cavity:

- a. Sepsis.
- b. Hypovolemic shock.**
- c. Cardiogenic shock.
- d. Neurogenic shock.
- e. Emesis.

475- Old pt , right iliac fossa pain, fever for 2 days, diarrhea, on CT thickness of intestinal wall , what to do :

- a. Urgent surgical referral .
- b. Antibiotic.**
- c. Barium enema.
- d. Colonoscopy.

476- What is the role of VIT C in wound healing:

- a. Collagen synthesis**

477- What is the role of VIT C in wound healing:

- a. Collagen synthesis**

478- Colon cancer stage 3, when to give chemo:

- A. As Soon As Possible "ASAP"

479- Old with rectal bleeding, external hemorrhoid, what to do:

- a. Remove.
- b. Colonoscopy.**
- c. Follow up after 6 month.
- d. Rigid sigmoidoscopy then remove.

480- Young boy with rectal bleeding, pale, anemic, how to investigate:

- a. Isotope scan

481- A case of cholecystitis , how to confirm:

- a. US.
- b. Something scan.
- c. X ray.
- d. Ct. most possible

482- Using gastric lavage :

- a. Useless after 8 hours of ASA ingestion
- b. No benefit after 6 hours of TCA ingestion
- c. Patient should be in the right lateral position .

483- Young aged male presented to ER after blunt trauma to Abdomen, CT scan shows intramural hematoma: your management is :

- a. Laparotomy with evacuation of the hematoma
- b. Dissection of duodenum
- c. Observation.

484 - Gastrostomy post-op 1 day. He have temperature 38.8 & pulse 112. What is the most common cause ?

- a. wound infection.
- b. inflammatory mediator in the circulation.
- c. UTI
- d. normal

485- In cervical LNs there are well differentiated thyroid cells, during operation you find no lesion on thyroid what will you do next

- a. Total thyroidectomy
- b. Total thyroidectomy + radical cervical LNs dissection
- c. Total thyroidectomy + specific LNs dissection (may answer)
- d. Thyroid lobectomy with ----

486- Mother has baby with cleft palate and asks you what is the chance of having a second baby with cleft palate or cleft lip :

- a. 4 %
- b. 25 %
- c. 50 %
- d. 1 %.

487- Old patient male, presented with acute hematuria, passing red clots and RT testicular pain and flank pain :

- a) Testicular Ca
- b) RCC (renal cell carcinoma)**
- c) Cystitis
- d) Epidimorchitis.
- e) Prostatitis.

488- man use sildenafil (Viagra), to prevent hypotension you should not use:

- a-nitrate**
- b-B blocker
- c- ACEI
- d-CCB

489- Most common cause of immediate death in burn:

- a. Inhalational injury.**
- b. Septic shock.
- c. Hypovolemic shock
- d. Other injury.

490- case of acute cholecystitis

491- case of appendicitis

492- mother has child with cleft plate (percentage)

493- long scenario of child with intussusception investigation :

A. barium anema

494- case of common bile duct :

- A. ERCP**
- B. PTCA

945- pt with black heads on forehead>>(go for surgery)

496- what is false about coarctation of aorta(congenital_ make upper limb pressure-)

497- palpable gallbladder

A. ca of head of pancreas

498- spontaneous pneumothorax

A. tube thoracotomy

499-best investigation for cystic breast mass

A. Ultra sound

500- case of GERD

501 – 4th degree hemorrhoid treatment

A. Start nonoperatively

502- perianal mass fluctuant red hot treatment :

A. drainage

503- which is preventive against cancer :

A. fibers

504-back hemangioma treatment

A. Usually improve spontaneously

505- treatment of gastric ulcer without H. pylori??

A. Reduce acidity of the stomach eg. Proton pump inhibitor for 8 weeks

506- stage III colon cancer start chemo therapy :

a-As soon as possible

b-if lab result normalize

c-according to the pt psychology

d- if pt >60 y age

507-pt came with painful rectal spasm , diaphoresis , tachycardia especially at night , DX:

a-thrombosed hemorrhoid

b- proctalgia fugax

c- ??? syndrome

508-pt diagnose papillary carcinoma , Management:

a- surgical resection

509- which of the following take with analgesic to decrease side effect??

a- cimetidine

b-pseudoephedrine

c- another type of anti-histaminic H1 BLOCKER

note:

NOT SURE answer A

may be H2 blocker can protect stomach from analgesic like NSAID

510- 26 yo psychotic patient presented to the hospital after 3 hours of ingestion of 3 pins, PE : unremarkable, X ray showed 3 pins in small intestine but no intestinal dilation or air fluid level. Your action will be

A. Admit the patient to the hospital for serial x-rays and abdominal examination.

B. Send the patient home and give follow up appointment.

C. Start antibiotics and send home.

D. Admit the patient and start antibiotics.

511- Patient with hx of recurrent esophagitis in the last 5 years ,biopsy shows that presence of glandular islet an columnar cells in squamous cellular zone , eosphagescopy showed finger like projection upward the squamo-columnar area . most likely diagnosis ;

- A. Adenocarcinoma of the esophagus
- B. Squamus carcinoma of the esophagus
- C. Barret esophagus**
- D. Normal picture of esophagitis

512- Regarding lung cancer:

- a. It's the leading cause of death in females ????**
- b. Adenocarcinoma common in the proximal part

513- Which one of the following is a strong indicator to do diagnostic peritoneal lavage:

- a. Comatose patient due to sever head trauma .
- b. Patient with pelvic fracture
- c. Patient with sever abdominal pain and distention
- d. Patient with BP 80/56 with abdominal distention**
- e. should be done to every patient had RTA.

514- mother gave birth of baby with cleft lip and palate, she want to get pregnant again what is the percentage of recurrence

- A. 1%
- B. 4%**
- C. 15%

516- In the appendicitis the histology is:

- A. leukocyte in muscle a.**
- B. layer of lymphoid
- C. tumor
- D. plasma cell

517-old Patient wil LLQ pain, vomiting, fever, high WBC (17.000), tenderness and rebound tenderness

A. Diverticulitis

B. Sigmoid volvulus

C. Appendicitis

D. Toxic enteritis

518- Gastricomy post-op 1 day. He have temperature 38.8 & pulse 112. What is the most common cause ?

a. wound infection.

b. inflammatory mediator in the circulation

c. UTI

d. Normal

519-Most common cause of immediate death in flam burn:

A. Inhalational injury.

B. Septic shock.

C. Hypovolemic shock.

D. Other injury.

520-The most common cause of immediate death in flame burn victims:

A. Inhalation of smoke.

B. Associated injures

C. Hypovolemic shock.

D. Septic shock.

521-old pt complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the x-ray , best effective ttt is :

A. Physiotherapy

B. NSAID

C. Surgery

522-patient epigastric mass show by upper gi++ Investigation:

A. Endoscopy(my ans)

B. Fall blood test

C. Paruim enema

523-after aspiration of abreast cyst, which of the following indicate that the cyst is benign:

A. Aspiration is clear & the cyst not refill

B. The aspiration is bloody

C. Cytology study shows hyperchromatic changes

D. Cytology study shows fibrocystic disease

524-which is true regarding peritoneal lavage

A. RBC 1000

B. WBC 50

C. blood 2 ml in pregnancy

525-Testicular pain in groin region in examination there is tenderness no organomegaly

A. refer to surgery

B. refer to urology

C. do parium enema

526-Complication of appendicitis

A-small bowel obstruction

B- ileus paralytic

527-patent plunt on his chest compline of cyanosis and resonance on one side First step

A. o2 (my answer)

B. b-intunation

C. c-needle thoracotomy

528-Patient with pneumothorax and respiratory distress First do:

A. needle

529-In CPR:

- A. Open the air way and give to breath
- B. Give to breath for 2min and then chest compression

530-CPR;

- A. 2 breath increase the chest (rise chest)
- B. 30-40% died
- C. do DC 3 TIME

531-Pre anal abscess treatment:

A. Incision and drainage...

532-anal fissure most common site

A. Posterior

B. Anterior

533-patient prolonged period defecation painful + blood-□

A. anal fissure(my answer)

B. B-hemorrhoid

534-Appendicitis prophylaxis

A. Metronidazole or better cefoxitin

B. Ceftriaxone

C. ceftriaxone

535-Lactating mother with mastitis treatment:

- A. Doxycycline Dicloxacillin or
- B. Ceftriaxone
- C. Cefoxine
- D. Metronidazole

536-Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:

- A. Colon
- B. Bladder
- C. Liver

537-In DPL is strongly positive if the result show;

- A. RBCs is 1000 HPF/CC
- B. presence of blood in the drainage tube

note: 10 ml gross blood on initial aspiration,

> 500/mm³ white blood cells (WBC),

> 100,000/mm³ red blood cells (RBC),

or the presence of enteric/vegetable matter

538. Duodenal obstruction in child show:

- A. bubble sign Double

539. Relation of indirect hernia and spermatic cord

- A. mediolateral
- B. Superiolateral

540. Child with clavicle fracture

541-22 yr old with sudden shortness of breath with trachea deviation the first step:

- A. Needle decompression in the 2nd intercostal space midaxillary line
- B. Needle decompression in the 2nd intercostal space anterior-axillary line
- C. Needle decompression in the 5th intercostal space midaxillary line
- D. Needle decompression in the 5th intercostal space anterior-axillary line
- E. needle 2nd intercostal space medclavicular line

542-pt Intubated ,the most reliable method to make sure for tube proper position:

- A. 5 point auscultation bilaterally breathing heard

543- CXR RTA pt with femur fx , he has laceration of the femoral artery .. What to do :

- A. end to end anastomosis
- B. prosthetic graft
- C. arterial graft
- D. venous graft

544-breast cyst which is green colored on aspiration, what is the next step in management?

- A. throw the fluid away
- B. ,surgical excision of the cyst
- C. ,send for cytological examination

545-lady with 3 cm breast mass, solid non tender , mobile, persist during menses, slightly increased n size:

- A. Fibroadenoma
- B. Fibrocystic
- C. Ductal carcinoma
- D. Papilloma

546-A 70 YO woman presented with a 3 days hx of perforated duodenal ulcer . She was febrile , semi comatose and dehydrated on admission. the BEST ttt is:

- a. Blood transfusion, Rehydrate , perform V agotomy & drainage urgently. ??
- b. NGT suction, Rehydrate , systemic AB & observe.
- c. NGT suction, Rehydrate , systemic AB & perform Plication of the perforation.**
- d. Rehydrate, Blood transfusion , systemic AB & perform hemigastrectomy.
- e. none of the above

547-which is true regarding peritoneal lavage:

- A. fresh blood on inspiration 2 ml.
- B. RBC 1000.
- C. WBC 50.
- D. blood 2 ml in pregnancy

548-55 ys old male pt, presented with just mild hoarseness, on examination: there was a mid-cervical mass, the BEST investigation is:

- a. Indirect laryngoscopy
- b. CT brain
- c. CT neck**

549-A 42 year old woman presented with a painful breast mass about 4 cm in the upper lateral quadrant. It increases in size with the menstrual period. Examination showed a tender nodularity of both breasts. What is the management:

- A. Hormonal treatment with oral contraceptive pills
- B. Hormonal treatment with danazol**
- C. Lumpectomy
- D. Observation for 6 months

550-Old pt , right iliac fossa pain, fever for 2 days, diarrhea, on CT thickness of intestinal wall , what to do :

A. colonoscopy

551-Blow out fracture :

A. Diplopis in upward gaze

552-Old with rectal bleeding, external hemorrohide, what to do:

A. Colonscopy.

553-Young aged male presented to ER after blunt trauma to Abdomen, CT scan shows intramural hematoma your management is

A. Observation

554-Gastricomy post-op 1 day. He have temperature 38.8 & pulse 112. What is the most common cause

A. inflammatory mediator in the circulation

555-In cervical LNs there are well differentiated thyroid cells, during operation you find no lesion on thyroid what will you do next-->

A. Total thyroidectomy + specific LNs dissection

556-Old patient male, presented with acute hematuria, passing red clots and RT testicular pain and flank pain :

A. RCC (renal cell carcinoma)

557-a wound stays in it's primary inflammation until

A. Escher formation

B. epitheliazation

C. after 24 hours

D. wound cleaning

558-Right upper quadrant pain and tenderness , fever , high WBC , jaundice, normal hepatic marker → .

A. Acute cholecystitis

559-Irregular border and color

A. melanoma

560-Papillary thyroid ca

A. surgery Burned

561-bilateral hydronephrosis d/t

A. Prostate enlargement

562-1st sign of transplant rejection

A. Fever

563-in acute cholecystitis

A. morphin

564MCC of chronic intermittent rectal bleeding

A. homorrhoid

565-face suture to be removed

A. 3-5 days

566-Best inv to visualize the cystic breast masses

A. US

567-POst OP fever .. if day 1 =

A. atelecsis

568-Parkland formula

569-open frx Rx

A. 1st G.C + Aminoglycoside(gentamycin) + Metro + tenitus

570-DVT

A. Anticoagulant(LMWH=enoxaparin) for 6months

571-undescended testes

A. surgery 6-18m

572-corkscrew appearance =

A. Diffuse esophageal spasm

573-indirect inguinal hernia

A. sac lies Anteromedial to cord

574-medial leg ulcer

A. Venous ,, Mx. compression

575-Black head

A. Surgery

576acute pancreatitis

A. naso j tube

577-penetrated wound

A. unstable (laprotomy) stable (CT)

578-painful rectal spasm , diaphoresis , tachycardia especially at night , DX colectomy .. when to F/U

A. after 3 m

579-CT reveals Intramural hematoma after blunt abdominal trauma

A. observation

B. Surgery

580- a 27yrs. old female C/O abdominal pain initially peri umbilical then moved to Rt. Lower quadrant ... she was C/O anorexia, nausea and vomiting as well O/E : temp.38c , cough , tenderness in Rt lower quadrant but no rebound tenderness. Investigations : slight elevation of WBC's otherwise insignificant ..The best way of management is:

a. go to home and come after 24hours

b. admission and observation

c. further lab investigations

d. start wide spectrum antibiotic

e. paracetamol

581- what is the most likely diagnosis for the above patient ?

a. mesenteric lymph adenitis

b. acute appendicitis

c. peptic ulcer

582-All are signs & symptoms suggestive of acute appendicitis except:

- a. Vomiting
- b. Anorexia
- c. Para umbilical pain shifting to right lower quadrant
- d. Temp 38.1C
- e. **Sitting & leaning forward**

583-All suggest acute appendicitis except:

- a. Fever 38.1
- b. Anorexia
- c. Vomiting
- d. Umbilical pain shifting to the Rt lower Quadrant
- e. **Pain improving with sitting and leaning forward**

584- Appendicitis most diagnostic:

- a. fever
- b. diarrhea
- c. urinary symptoms
- d. leukocytosis
- e. **tender Rt lower quadrant with rebound**

585- acute appendicitis in children all false except:

- a. leukocytosis is diagnostic
- b. **rarely perforated if it is not well treated**
- c. can cause intestinal obstruction
- d. need ABC before surgery for every child

586-the following is true in suspected acute appendicitis in a 70yr old person:

- a. Perforation is less likely than usual
- b. Rigidity is more marked than usual
- c. Abdominal X-ray is not useful for exclusion of obstruction
- d. Outlook is relatively good
- e. Intestinal obstruction may be mimicked**

587-Appendicitis in elderly:

- A. less risk of perforation.
- B. more rigidity.
- C. can mimic intestinal obstruction.**

588-about appendicitis in elderly:

- A. a-perforation is not common
- B. b-gives more rigidity than usual
- C. c-can mimic obstruction**

589- The following is true about suspected acute appendicitis in a 70year old man:

- A. Perforation is less likely than usual.
- B. Rigidity is more marked than usual.
- C. Abdominal x-ray is not useful.
- D. Outlook is relatively good.
- E. Intestinal obstruction maybe mimicked.**

590- The most sensitive test for defining the presence of an inflammatory focus in appendicitis is:

- A. The white blood count.
- B. The patient's temperature.
- C. The white blood cell differential**
- D. The sedimentation rate.**
- E. The eosinophil count.

591- The mortality rate from acute appendicitis in the general population is:

- A. 4per 100.
- B. 4per 1000. 1: 1000
- C. 4per 10000.**
- D. 4per 100000.
- E. 4per 1000000.

592- A 17year old boy presents with pain over the umbilicus 10hours prior to admission. During transport to the hospital the pain was mainly in the hypogastrium and right iliac fossa. He has tenderness on deep palpation in the right iliac fossa. The most likely diagnosis is:

- a. Mesenteric adenitis.
- b. Acute appendicitis.**
- c. Torsion of the testis.
- d. Cystitis.
- e. Ureteric colic.

593-29yrs. Old female has a breast lump in the upper outer quadrant of the left breast , firm , 2cm. in size but no L.N involvement ... what is the most likely diagnosis ?

A. fibroadenoma

594- What is the management for the above patient?

- A. mammogram (true if patient > 35years)
- B. excisional biopsy
- C. FNA Fine-needle aspiration (FNA) cytology
- D. breast US
- E. follow up in 6months**

595- 45years old lady presents with bloody nipple discharge. Most likely Dx:

- A. Breast ca.
- B. Fibroadenoma
- C. Ductal Papilloma.**
- D. Duct ectasia.

596-A 45year old female came with nipple discharge containing blood. The most likely cause is:

- a. Duct papilloma
- b. Duct ectasia
- c. Breast abcess
- d. Fibroadinoma
- e. Fat necrosis of breast

597- A 35years old female with bloody discharge from the nipple, on examination there is cystic swelling near areola, the most likely diagnosis is:

- a. Duct ectasia.
- b. Intra-ductal papilloma.
- c. Fibroadenoma.

598-A 45y.o. lady presented with nipple discharge that contains blood. What is the most likely diagnosis?

- a. duct papilloma.
- b. duct ectasia.
- c. breast abscess.
- d. fibroadenoma.
- e. fat necrosis of breast

PEDIATRICS SECTION

1. Pediatric came to you in ER with wheezing, dyspnea, muscle contraction (most probably asthma), best to give initially is :

- a. theophyllin
- b. Albuterol nebulizers**
- c. oral steroids

2. 15y boy with unilateral gynecomastia your advice is

- a. may resolve spontaneously**
- a. there is variation from person to person
- b. decrease use of soda oil or fish oil

3. 6 years child was born to HBS positive mother is HBS positive , he was only vaccinated by BCG after birth , what you will give him now :

- a. HBV + oral polio + DTP + hib
- b. HBV + oral polio + dt + MMR +hib
- c. HBV + oral polio + Dt + MMR
- d. polio+ mmr+ dtp+ hib (my ans)**

4. which vitamin is given to new born to stop bleeding

- a. vit. A
- b. vit. D
- c. vit. K**
- d. vit E
- e. vit C

5. child with low grade fever and congested throat, negative ASO and positive EBV. he has :

- a. infectious mononucleosis**
- b. URTI

6. A boy fell down on his elbow , the lateral x-ray shows:

- a. Anterior Pad sign
- b. Posterior pad sign**
- c. Anterior line of humerus intersecting the cubitium
- d. Radial line forming 90 degree with cubitium

7. Which of the following true regarding Apgar score :

- a. Total score 12
- b. Discoloration is not important
- c. Heart rate significant**
- d. Assessed in the 2nd day of life.

8. A 10 YO was diagnosed with rheumatic fever without any defect to the heart. You will tell his parents that he needs to take prophylactic antibiotics for how many years?

- a. 5 months
- b. 3 years
- c. 6 years
- d. 15 years**

Note :

Rheumatic fever with carditis and residual heart disease (persistent valvular disease†)	10 years or until age 40 years (whichever is longer); lifetime prophylaxis may be needed
Rheumatic fever with carditis but no residual heart disease (no valvular disease†)	10 years or until age 21 years (whichever is longer)
Rheumatic fever without carditis	5 years or until age 21 years (whichever is longer)

9. Child with hx of URTI 1 week ago now he c/o arthralgia , fever and fatigability , what's your diagnosis:

- a. Rheumatoid arthritis.
- b. Rheumatic fever.**

Note : There is 2 minor criteria of Rheumatic fever but we still need one major for diagnosis and JRA unlikely symptoms should be at least 6 weeks for diagnosis

10. Child presented to the ER after bee sting with SOB, anxiety and wheezing. PE : BP 75/54 , HR 120 and RR 20. Your action will be:

- a. Start IVF , IM epinephrine and antihistamine.**
- b. Reassure the patient and tell him that everything gonna be OK after antihistamine injection.

11. 6 month child , difficulty in breast feeding , active pericardium, pansystolic murmur s1 , loud s2

a. ASD

b. large VSD

c. MR

d. AR

e. PDA

12. Child with iron toxicity several hours ago , investigation show iron conc. 700 mg/dl ,treated with :

a. gastric lavage

a. activated charcoal

b. I.V deferoxamine

13. Skin rash in buttock, hematuria :

a. HSP

note : Henoch-Schönlein purpura (HSP) is a small-vessel vasculitis characterized by Purpura esp in L.L and buttock, arthritis, abdominal pain, and hematuria

14. Child with duodenal atresia, characteristic sign in imaging:

a. double bubble

Note :



the double-bubble sign of duodenal atresia

15. Asthmatic child , how to decrease the allergy:

a. cover pillow and bed with impermeable material.

b. throw the rug from house.

16. Child with atopic dermatitis at night has stridor plus barking cough on and off from time to time, diagnosis is:

a. BA

b. Croup

c. Spasmodic Croup

17. 10 years old child with rheumatic fever treated early, no cardiac complication. Best to advice the family to continue prophylaxis for:

- a. 1 month
- b. 3 ys
- c. 4 ys
- d. 15 ys**

18. Child came with his father and high BMI and look older than other children with same age, on exam child has >95th percentile of weight and tall, management is:

- a. Observe and appoint**
- b. Life style change
- c. Give program to decrease the weight
- d. life style change

19. A child is complaining of severe headache which is unilateral, throbbing and aggravated by light, diagnosis is:

- a. Migraine**
- b. Cluster Headache
- c. Stress Headache

20. central line, then sepsis in child what is the cause :

- a. E. coli
- b. group B streptococci.
- c. H. inf

Note : Central line infection = Staph. Epidermidis (not included)

21. 4 y/o child awake from sleep because a croup , which one should be in you DDx ;

- a. foreign body**
- b. broncholitis
- c. cystic fibrosis
- d. congenital heart diseases

22. 8 y/o child with BMI= 30 and his height is more than 95 % for his age ... the next step ? scenario not complete because the rest not important ?

- a. observation and follow after 12 month**
- b. surgical intervention
- c. obesity medication
- d. life style modification

23. before 14 d the child was bite , now develop lip swelling erythema ... , what type of hypersensitivity ?

- a. type 1
- b. type 2
- c. thype 3**
- d. type 4

Note : Bite will be 2 types of hypersensitivity1- Immediate (anaphylaxis) type one within minutes to hours 2- Late (Immune complex-mediated) type 3

24. Gualin-Barrie syndrome is closely associated with which one of the following :

- a. descending paralysis start from upper limb
- b. normal CSF
- c. ascending paralysis start from the lower limb**
- d. needs ECG

25. A child is about to be given flu vaccine, what allergy should be excluded before giving the vaccine?

- a. Chicken
- b. Egg**
- c. Fish

26. Normal Child had chest tightness and cough when exposed to cold and exercise, what to give for prophylaxis ?

- a. B2 inhaled agonist**
- b. Steroid inhaler
- c. Tehyophillin
- d. Oral steroid

27. 5 y.o child with history of fever and swelling of the face ant to the both ears (parotid gland enlargement) what is the most common complication at this age group :

- a. meningitis**
- b. labrynthitis
- c. orchitis

28. 8 months child with 3 days fever 40 , vomiting , convulsion , poor feeding & sleep , OE dehydrated , depressed anterior fontanel, red ears , no neck stiffness , his 3 year old sibling asymptomatic , which of the following will give the definitive Dx :

- a. CXR
- b. CBC with deferential
- c. blood culture (my answer not sure , I think about sepsis)
- d. CSF analysis**
- e. supra-pubic urine analysis

29. 4 y/o child with diarrhea for 2 days is complaining of anal discomfort. Your advice to the mother is:

- a. Wash with soap and water after each episode of diarrhea.
- b. Wash with cotton in warm water.**
- c. Put a clean napkin in the underwear.-
- d. Change the underwear to a highly absorbent diaper

30. Child presented with gum and nose bleeding and bruising all over the body after an episode of URTI. Dx:

- a. Henoch Schlein Purpura
- b. Idiopathic thrombocytopenic purpura**
- c. Vitamin K deficiency
- d. Hemophilia

31. 2 y/o child presented with painful swelling on the dorsum of both hands and feet,, he was jaundiced with Total billirubin 3, Direct billirubin 0.9 , HBG 9 and reticulocytes 7 ,, what u will do as ongoing managment

- a. steroid
- b. NSAID
- c. penicillin and immunization**
- d. paracetmol

32. a baby who fall down from stairs and came with multiple contusions some of them were old and X-ray show fracture in radius how to manage :

- a. Splinter for his hand
- b. Hospitalization and call social worker**

33. Holding breath spell or holding which of the following is true :

- a. mostly occurs between age 5-10
- b. increase risk of epilepsy
- c. a known precipitant cause of generalized convulsion**
- d. diazepam may decrease the attack can occur in absence of emotional upset

Note : Breath holding spells peak at 2 years and abate at 5 years not causing epilepsy but may precipitate convulsion and diazepam has no role

34. Most common organism causing cellulites in the age 6-24 month :

- a. Streptococcus**
- b. Heamophilus influ
- c. Staph

35. maximal hight at :

- a. 12month
- b. 24 month
- c. 36month

36. A malnourished child with pedal edema and distended abdomen, an enlarged liver with fatty infiltrates, thinning hair, loss of teeth, skin depigmentation and dermatitis. Eyes are also very dry with wrinkled cornea and in anterior chamber there are cells diagnosis is :

A-Marasmus

B-kwashiorkor

C-cachexia

D-water intoxication

37. A boy came with parents for cholesterol level evaluation indication is :

A-family history of cardiac disease

B-high BMI 33

C-fatty diet

38. child having scabies ... telling the possibilities to mother in infecting the other children in the house ,it transmit through :

A-personal contact

B-Blood

C-air contaminated

D-water

39. ABOUT DPT a senerio :

A-DPT is not contraindicated during pregnancy

B-DPT is not contraindicated during breast feeding

C-DPT is not contraindicated in school going

40. Child having vomiting , nystagmus and difficulty in walking ... cause is :

A-dry beriberi

B-wet Beriberi

C-plegra

D-VIT A DEF

Note : Beriberi is a disease in which the body does not have enough thiamine (vitamin B1) There are two major types of beriberi

- Wet beriberi affects the cardiovascular system.
- Dry beriberi and Wernicke-Korsakoff syndrome affect the nervous system.

41. 12yrs old complain of LL , UL and face odema and other cardiac sym. Dx:

A- Wet beriberi

B- Dry beriberi

C- Vit. A deficiency

42. child take an unknown medicine and presents in emergency with decreased level of consciousness , pinpoint pupil , urination, diarrhea, diaphoresis, lacrimation, excitation and salivation treatment is

A-gastric lavage

B-activated charcoal

C-atropine

D-nalaxone

43. Patient with DM type 1, present with kussmal breathing and acetone smelling, what is pathophysiology for acetone smelling

A- insulin defi which lead to utilize fatty acid and produce ketone

B- missed hypoglycemic medications which lead to utilize protein and produce ketone

44. Sick cell patient with 11 years old, what is true about pneumococcal vaccine :

A- not recommended for healthy people

B- not necessary for patient whom their age is under 2years

Note : Both incorrect He must receive 23-valent pneumococcal vaccine because > 2yrs Less than 2 years 7-valent vaccine

45. Child came with hypertrophic right atrium , what is the congenital anomalies lead to this condition

A- ASD

B- VSD

46. Female child came with short stature, lossing of breast ped, short neck, what is the diagnosis :

A-Turner syndrome

47. DM type 1normal vision.. how to follow him to check any change :

A- now and then annually

B- now and after 3yr

C- every 5yr then anaully

48. 2years old PT. was severly ill, high fever for 2days, then develop Rashes, Low BP, Tachycardia:

a- Meningococemia

b- Rubella

Note : confusing Meningococemia disease of hours but with it the shock patient develop, Rubella is milder disease fever low-grade

49. Young child, atopy, Stridor & barking cough mid night resolved spontaneously after few hours. same attack 6months ago, your diagnosis ?

- a- Asthma??
- b- Croup
- c- Spasmodic croup**
- d- Epiglottitis

50. 2years migraine, best to diagnose?

- a- MRI brain
- b- CT
- c- Full history and examination**

51. What true about rubella?

- a- cause mouth ulcer
- b- a cause of arthritis**
- c- High fever on first days of presentation

52. Newborn with left eye purulent discharge, redness, edema. culture showed gram -ve diplococci. your TTT?

- a- IV cephalosporin**
- b- IM cephalosporin
- c- Oral floroquinolone
- d- Topical sulfonamide

53. CSF in aseptic meningitis ?

- a- Low Protein
- b- High glucose
- c- Neutrophils
- d- Lymphocytes**
- e- Eosinophils

54. True about DT vaccine:

- a- No benefit for pregnant
- b- pregnancy is not CI**
- c- If taken, do abortion

note: The vaccine contraindicated in pregnant is MMR

55. Infant with sickle cell anemia, what's true about prophylaxis?

a- Infants should take 23-valent vaccine

b- Children above 2 years take only pentavalent vaccine

c- even if vaccine taken, if there is contact with ill people child should be given prophylactic Antibiotic

d- if not high risk no need for prophylaxis

56. 3 days old baby HBV positive what is your action

a- one dose immunoglobulin and vaccination

b-immunoglobulin

c-three doses HBV vaccine

Note : Infant of mother HBV-positive must receive immunoglobulin within first 12 hour and vaccination as 0,1 and 6 months
For this child it is too late for immunoglobulin

57. child with Hx of sore throat 5 days – fever- O/E: red enlarged tonsils with white plaque with erythematous base associated with gingivitis Diagnosis ?

a- EBV

b- Adenovirus

c- Herpes simplex virus

58. best management in case of child with iron overdose ingestion:

a- Gastric lavage

b- Ipec

c- Self-induce vomiting

d- I.V deforaxamine

59. what is the organism that cause skin rash in children face (I think less than 2 years) accompanied with fever:

a- Staph

b- Strept

c- H.Influenza

60. child with swelling in his Rt thigh with erythema and pain no significant past history movement still possible .. knee is not swelled .. next step?

a- Blood culture

b- ASO titer

c- X- ray

Note : not clear question

61. Which of the following not a live vaccine:

a- HB

62. 6 yrs old child came to you he only had his BCG vaccine, HbsAg +ve, mother also +ve wt to give:

a- DTP ,OPV ,HiB,HepB,MMR

b- DTP ,OPV ,HiB,MMR

63. newborn with fracture mid clavicle what is true

a- Most patient heal without complications

64. baby with emesis, diarrhea, rectal bleeding x-ray show obstruction pattern what to do ??

a- rehydration mediate surgery

65. hx of child this brother bit him 3 hares haven 1cm laceration . Previous hx of taking booster dose of tetanus tt ??

a- augmentin

b- another dose of tetanus

66. child with hematuria 15 RBC what next :

a- Repeat urine for RBC and protein

67. Child came with hypertrophic right atrial , what is the congenital anomalies lead to this condition :

a- ASD

b-VSD

68. parent came with child vomit alter every feed , normal growth parameter what will y do:

a- reassure the parent

69. normal child ,he want to walking , he have brother dead after walking , what of the following must be excluded before walking

a. PDA

b. VSD

c. hypertrophic cardiomyopathy

70. at which age child spoke few words

- a. 12m
- b. 24m
- c. 36m

71. Young pt with mild intermittent asthma attacks once to twice a week what is best for him as prophylaxis:

- a. inhaled short acting B agonist
- b. inhaled steroid

72. 4 y/o child awake from sleep because a croup , which one should be in you Dx ;

- a. foreign body
- b. bronchiolitis
- c. cystic fibrosis
- d. congenital heart disease

73. female patient came with fatigue and Jaundice. her CBC shows WBC =9 HGB= 9.5 ,PLT= 200 and his LFT show total bilirubin =3 , direct = 0,9 what is the most likely Dx :

- a. Dubin Johnson syndrome
- b. Gilberts syndrome
- c. primary sclerosing cholangitis
- d. crigler-najjar syndrome type 1

74. 8 y/o child with BMI= 30 and his height is more than 95 % for his age the next step ?scenario not complete because the rest not important ?

- a. observation and follow after 12 month
- b. surgical intervention
- c. obesity medication
- d. life style modification

75. before 14 d the child was bite ,now developed lip swelling erythema , what type of hypersensitivity ?

- a. type 1
- b. type 2
- c. type 3
- d. type 4

76. 9 years old female presented to ER after ingestion almost 20 tablets of OCP and 3 tablets of another medication. She is clinically stable and there was no signs and symptoms...What will you do:

- a. refer her to gynecologist.
- b. refer her to psychiatrist.
- c. toxicology study
- d. no need for intervention.

77. 8 months child with 3 days fever 40 , vomiting , convulsion , poor feeding & sleep , OE dehydrated , depressed ant fontanel, red ears ,no neck stiffness , his 3 year old sibling asymptomatic , which of the following will give the definitive dx :

- a. CXR
- b. CBC with deferential
- c. blood culture
- d. CSF analysis
- e. suprapubic urine analysis

78. 5 y.o child with history of fever and swelling of the face ant to the both ears (parotid gland enlargement) what is the most common complication at this age group :

- a. meningitis
- b. laryngitis
- c. orchitis

79. y/o child with diarrhea for 2 days is complaining of anal discomfort. Your advice to the mother is:

- a. Wash with soap and water after each episode of diarrhea.
- b. Wash with cotton in warm water
- c. Put a clean napkin in the underwear
- d. Change the underwear to a highly absorbent diaper

80. 4 Y/O Baby with scenario of ADHD, what is the best treatment in addition to behavioral therapy:

- a. Atomoxetine
- b. Imiramine

Note : Answer not included Methylphenidate

81. Child with vomiting (not sure bilious), abdominal dissension He passed stool immediately after birth :

- a. hirschsprung's dis
- b. Mid gut volvulus

82. Newborn 32 week , cyanosed , grunting , flaring of nostrils , the x-ray show diffuse air bronchogram , his mother is diabetic , wts the diagnosis ?

- a. Insufficient surfactant
- b. Trechoesophageal fistula

Note : Respiratory Distress Syndrome (lack of surfactant)

83. child with DM type 1 ass with

- a. HLA DR4

84. child came with severe anemia ,they're suspecting thalassemia , what's the best diagnostic to confirm :

- a. genetic test
- b. iron study
- c. HB electrophoresis

85. scenario about hemophilia , what's the defect :

- a. Clotting factor

86. baby at 6 months , what he can do ?

- a. sitting without support
- b. role from supine to prone position
- c. role from prone position to supine

87. von well brand disease how to treat:

- a. fresh frozen plasma
- b. factor VIII replacement

Note : if decompression DDAVP is there I will choose it then if only above choices I will choose factor VIII

88. question about pneumococcal vaccine

Note :

89. child with white yellow mouth lip erythematous base with gingivitis :

- a. HSV
- b. EBV
- c. CMV

90. pediatric pt come with fever and inspiratory stridor, u will:

- a. give amoxicillin and go home
- b. admit him to ICU and call ENT
- c. do cricothyrotomy

91. 6 month child , difficulty in breast feeding , active pericardium, pan systolic murmur s1 , loud s2

- a. ASD
- b. large VSD
- c. MR
- d. AR
- e. PDA

92. Child with iron toxicity several hours ago , investigation show iron conc. 700 mg/dl ,ttt:

- a. gastric lavage
- b. activated charcoal
- c. iv Deferoxamine

93. Child with ear congested , opacity , recurrent URTI , o/e NEED adenectomy , beside adenectomy u must do:

- a. tonsilectomy
- b. myringotomy
- c. grommet tube

94. Which of the following not a live vaccine:

- a. BCG
- b. HB
- c. OPV

95. child 6 yo with Rheumatic FEVER , continue AB for

- a. 15years

Note :

Rheumatic fever with carditis and residual heart disease (persistent valvular disease†)	10 years or until age 40 years (whichever is longer); lifetime prophylaxis may be needed
Rheumatic fever with carditis but no residual heart disease (no valvular disease†)	10 years or until age 21 years (whichever is longer)
Rheumatic fever without carditis	5 years or until age 21 years (whichever is longer)

96. newborn given injection to reduce bleeding

- a. vit. K

97. Picture ,Child with skin lesion at elbow , seen positive wood lamp:

- a. fungal
- b. bacterial

98. Skin rash in buttock, hematuria :

- a. HSP

99. Indication for tonsillectomy is:

- b. Pharyngeal abscess
- c. Sleep apnea
- d. Recurrent infection
- e. Asymmetric tonsillar hypertrophy

100. Old lady ,outcome baby with Clinical feature of down , single palmer creases , epicanthic fold, wide palpebral fissure

- a. trisomy 21

101. Asthmatic child , how to decrease the allergy:

- a. cover pillow and bed with impermeable material
- b. throw the rug from house

102. Kwashiorkor :

- a. low protein, high CHO

103. Pharyngitis treated with oral penicillin you should :

- a. 7 day
- b. 10 day
- c. 14 day

104. 12 y/o Child overweight BMI=31 , +ve family history of hyperlipidemia , parents fear of child get dyslipidemia, when you should request lipid profile??????????

- a. upon parent request
- b. **COZ overweight**

105. Apgar score:

- a. **Heart rate is significant**

106. Child with beriberi :

- a. **vit b1**
- b. vit b2
- c. vit b12

Note : Vitamin B1 (thiamine) deficiency caused Beriberi

Vitamin B2 (niacin) deficiency caused pellegra

Vitamin B3 (Riboflavin) deficiency cause Ariboflavinosis

Vitamin C scurvy Vitamin B12 prencious anemia

107. Child with HX URTI presented with bilateral knee pain

- a. **Rheumatic fever**
- b. glomerulonephritis,

108. Acyanotic middle age man radiologically come with prominent pulmonary arteries and vascular marking ,most likely Dx?

- a. **VSD**
- b. ASD
- c. Coartication of the aorta
- d. Truncus arteriosis
- e. **Pulmonary valvular stenosis**

109. Toddler with sever skin itching involving the abdomen hand and face papulovesicular

- a. **Chicken pox**
- b. Dermatitis herpiform

110. Child shows spiral fracture of arm management

- a. **Refer to orthopedic**
- b. Open reduction and internal fixation

111. painless lump in neck in child

- a. **Hodgkin lymphoma**
- b. Pharyngitis
- c. Infectious mononucleosis

112. child with bilious vomiting with yellow stool ,, abdominal dissension He passed stool immediately after birth .

- a. Hirschsprung dis
- b. **Mid gut volvulus**

113. 3 months infant with tachpnea, Resp distress . x- ray shows lower and mid lobe infiltration , opaque right lung and shifted trachea to left .. Responsible organism :

- a. H influenza
- b. **Pneumococcus**

114. acute diarrhea with epithelial infiltration

- a. E- coli
- b. Salmonella
- c. Cholera
- d. **Rota virus**
- e. Shigella

115. most common cause of pediatric failure to thrive

- a. Cystic fibrosis
- b. Psychosocial**
- c. Protein & Milk – intolerance

116. child smile at

- a. at birth
- b. 1-2 month**
- c. 2-3 months
- d. 4-6 months

117. after Sting bite a 7 year old boy came c/o abdominal pain , fever , diarrhea , maculopapular rash over the palm and soles head and abdomen , the Dx

- a. Lyme disease**
- b. HSP

118. 6 y/o boy, mother HbsAg +ve , and he is HbsAg +ve , take only BCG , what vaccine to give him:

- a. DTP, HBV , MMR, OPV.
- b. DTP, MMR, OPV, Hib**
- c. Td, HBV, MMR, OPV ,Hib
- d. Td, MMR,OPV.

119. 9 day old infant , presented to well baby clinic, with mild jaundice and yellow scaling on face and chest, otherwise examination normal , on breast feeding, doing well according to mother, what is the cause of his condition:

- a. Breast milk jaundice**
- b. Occult infection.
- c. Hemolysis of hematoma for birth trauma.

120. 18 months old came with bite by her brother, what you will do:

- a. Give Augmentin**
- b. Give tetanus toxoid
- c. Suture

121. Younger diabetic patient came with abdominal pain, vomiting and ketones smelled from his mouth. What is frequent pathophysiology:

- a. Insulin overdose.
- b. Insulin missed.**
- c. Oral drugs over dose.
- d. Oral drugs missed.

122. In IV canula and fluid:

- a. Site of entry of cannula is a common site of infection.**

123. year old male found to have hepatitis b surface antibodies :

- a) Previous vaccination**
- b) Previous infection
- c) Active infection.

124. Child with URTI is complaining of bleeding from nose, gum and bruising the diagnosis is:

- a) Hemophilia A
- b) ITP**

125. complication of rapid correction of hypernatremia :

- a) brain edema**

126. a case of child drink corrosive material , hypotensive, pale , drooling, what to do:

A. establish airway.

B. 2 cups of milk.

C. Gastric lavage

127. A boy who was bitten by his brother .. and received tetanus shot 6 month ago and his laceration was 1 cm and you cleaned his wound next you will:

A. give Augmentin

B. suture the wound

C. give tetanus shot

D. send home with close observation and return in 48 hr

128. Child his mother let him to go to bathroom before sleeping and avoid drinking before sleep this management of:

A. Enuresis

129. perinatal mortality:

a. Still birth and neonatal death within 6 week not sure

b. Neonatal death in within 1 week.

c. Number of still birth and death in the 1st week of life.*

130. child with meiosis diarrhea

Note: case of organo phosphorus poisoning)

131. vaccine for baby +ve for HBV

a. ptd,mmr,hib

132. which of following is indication of fetal distress

a. it is b/w early or **late Deceleration**

133. scenario about child with blood per rectum and foul smelly black stool what we will do :

134. baby walk around :

a.10 months

135. child ,found meningitis in blood >>>i think and he is asymptomatic ,what will you do:

a-oral penicillin

b-oral rifampicin

c-IV ceftriaxone

136. child with hematuria 15 RBC /hPF , all examination normal ,what is next:

a-urine cytology

b-cystoscopy

c-renal biopsy

d- repeat urine for RBCs and protein

137. Which of the following true regarding apgar score :

a- Total score 12

b- Discoloration is not important

c- Heart rate significant

d- Assessed in the 2nd day of life.

138. Child with hx of URTI 1 week ago now he c/o arthralgia , fever and fatigability , what's your diagnosis:

a- Rheumatoid arthritis.

b- Rheumatic fever

139. about varicella vaccine in adult , which is true :

a- 2 vaccine abart of 1 month

b- 2vaccine abart of 6 month

c- 2 vaccine abart of 2 month

d- 3 vaccine abart of 6 month

140. Child presented to the ER after bee sting with SOB, anxiety and wheezing. PE : BP 75/54 , HR 120 and RR 20. Your action will be:

a. Start IVF , IM epinephrine and antihistamine

b. Reassure the patient and tell him that everything going to be OK after antihistamine injection.

Note: according the age of child if old the v/s indicate shock if young can be accepted

141. a baby who fall down from stairs and came with multiple contusions some of them were old and show fracture in radius how to manage :

a. Splinter for his hand

b. Hospitalization and call social worker

Note: we should to keep child abuse in mind

142. Child presented with gum and nose bleeding and bruising all over the body after an episode of URTI. Dx:

- a. Henoch Schlein Purpura
- b. Idiopathic thrombocytopenic purpura(sure)
- c. Vitamin K deficiency
- d. Hemophilia

143. 2 y/o child presented with painful swelling on the dorsum of both hands and feet,, he was jaundiced with T.billi 3 D.billi .9 ,, HGB 9 and retics 7,, what u will do as ongoing management

- a. Steroid
- b. NSAID
- c. penicillin and immunization
- d. paracetmol

Note: this choice as a continuous management

144. A child is about to be given flu vaccine, what allergy should be excluded before giving the vaccine?

- a. Chicken
- b. Egg (sure)
- c. Fish

145. 10 years old child with rheumatic fever treated early, no cardiac complication. Best to advice the family to continue prophylaxis for:

- a. 1 month
- b. 3 ys
- c. 6 ys
- d. 15 ys

Note: according to American heart association till age of 21

146. Child had chest tightness and cough when exposed to cold and exercise, what to give for prophylaxis :

- a. **B2 inhaled agonist**
- b. Steroid inhaler.
- c. Theophyllin.
- d. Oral steroid

147. Child with drooling saliva, stridor, what is the dx:

- a. Croup
- b. **epiglottitis**

148. BREAST feeding in neonate

- a. **as soon as possible**
- b. after 2h

149. child malnutrition low protein + no edema

- a. kwashiorkor
- b. **marasmus**

150. 5yrs with earache o/e there fluid in middle ear adenoid hypertrophy. Beside adenoidectomy on management, which also you should do:

- a. **Myringotomy**
- b. **Grommet tube insertion**
- c. Mastoidectomy
- d. Tonsillectomy

Note : Grommet tube if no response to medical ttt for otitis media

151. In paracetamol toxicity:

- a. Pencilinemia
- b. N-acetylcysteine
- c. K intake
- d. Dexoamin

152. chilled with throat congestion and mutable :

- a. Ebv
- b. Hsv
- c. Adenovirus

NOTE: non-understandable Q

153. Child with rash spread quickly + fever + drowsiness :

- a. Rubella
- b. Measles
- c. Rheumatic fever

154. Case –pericarditis Pain in chest increase with movement..... sudden, Best investigation :

- a. Echocardiogram
- b. Cardiac enzyme

155. Kawasaki syndrome:

- a. Strawberry tongue

156. Coarctation of aorta all true except :

- A. Skeletal deformity
- B. Upper limb hypertension
- C. Systolic murmur on all pericardium

157. Q about kwashiorkor syndrome :

158. Child runny then developed pain in thigh no redness or tenderness, Best thing to do:

- A. elevated the leg and cold compression
- B. splint
- C. surgery

159. Child with vomiting and diarrhea Mild dehydrated child :

- A. ORS
- B. Antiemetic + ORS

160. Child with clavicle fracture :

- A. Monitor
- B. Internal fixation
- C. Union is unlikely

161. First sign in increase intracranial pressure:

- A. vomiting
- B. nausea
- C. ipsilateral pupil constrict
- D. contralateral pupil constrict

Note: The full sequence is: decreased level of consciousness, confusion, headache, projectile vomiting, unequal pupils (anisocoria), and the presence of a pronator drift or motor weakness

162. Old lady delivered a baby with Clinical feature of down , single palmer creases , epicanthic fold, wide palpebral fissure :

A. trisomy 21

163. Kwashiorkor:

a. low protein ,high CHO

164. City with 1500 persons, no of 105 birth , 5 are still birth , 4 die at first month,2 die before age of one year , perinatal mortality?

A. 4

B. 5

C. 6

D. 8

E. 9

165. Pharyngitis treated with oral penciling you should :

A. 7 days

B. 10 days

C. 14 days

166. 12 y/o Child overweight BMI=31 , +ve family history of hyperlipidemia , parents fear of child get dyslipidemia, when you should request lipid profile ?

A. upon parent request

B. COZ overweight

167. Apgar score:

A. Heart rate is significant

168. child with Massive Hepatosplenomegaly , Blue nodule , neck Mass on his Lt. cervical region .. next step ?

A. BM aspiration

B. EBV serology

169. Q8/ direct Q about TOF (all are true except)

Note: TOF is 1- pulmonary stenosis 2- VSD 3- right atrium hypertrophy
4- overriding of aorta

170. 3 yrs old child ,, ingest sth 30 min back .. looks toxic and irritable your 1st step ?

- A. maintain airway (my answer)**
- B. active Charcot
- C. know is it acidic or alkaline agent
- D. gastric lavage
- E. endoscopy

171. child with barking cough ,stridor ,and mild fever 38 Dx:

- A. croup**

172. child with cough ,runny nose and fever ,O/E: tonsillitis ttt:

- a) paracetamol and throat swab**

173. child with blab la bla x-ray(steeple sign):

- B. croup**

174. Mitral stenosis murmur :

- C. diastolic high pitched ,rumbling**

175. child with URTI then arthralgia and fever Dx:

- D. rheumatic fever**

176. Obese child with BMI=30,blab la bla

- b. lifestyle change**

179. Young pt present with excessive fluid intake +polyuria , lab result showing Fasting blood sugar 6.8 mmol/l what is the diagnosis

- a. DM
- b. DI
- c. impaired fasting blood sugar

180. Different between DM II AND DM I

- a. acute onset
- b. hereditary factor
- c. DR4 , DR4

181. 6 yrs old child came to you he only had his BCG vaccine, HbsAg +ve (mother also +ve) what to give him:

- a. DTP, OPV, HiB, HepB, MMR
- b. DTP ,OPV, HiB, MMR

182. In cystic fibrosis the genetic defect in :

- a. short arm of human chromosome 7.
- b. long arm of human chromosome 7
- c. short arm of human chromosome 17

183. 5 y.o child with hx. of fever and swelling of the face anterior to the both ears (parotid gland enlargement) what is the diagnosis :

- a. mumps
- b. parotid tumor

184. newborn with fracture mid clavicle what is true:

- a. Most cases cause serious complication
- b. Arm sling or figure 8 sling used
- c. Most patient heal without complications

185. mother breast fed her baby each 3 hours,, she is taking Phenobarbital for seizure, what should she do regarding it:

- a. Stop medication immediately
- b. Feed baby 8 hours after medication intake
- c. Baby weaning within 3 weeks
- d. Continue medication and breast feeding

186. 6 month old came with sign and symptom or RD " fever, tachypnea, intercostal recession, expiratory wheeze, nasal flare".. best initial management :

- a. Oxygen
- b. Erythromycin
- c. Bronchodilator

187. 6 year old boy received only BCG at birth ,, his mother and he is HeB +ve what should he receive:

- a. DPT,HBV,Hib, OPV,MMR
- b. dT,HBV, MMR, OPV
- c. dT, HBV, MMR, OPV, Hib
- d. DPT, MMR, OPV, Hib

188. after CPR for a child with a systole give him:

- a. Atropine
- b. Epinephrine

189. DM1 HLA linked disease associated with which DR:

- a. 4
- b. 5
- c. 6
- d. 7

190. 4years old child what can he do

- a. Copy square and triangle
- b. Speak in sentences

191. baby can sit without support, walk by holding furniture. Pincer grasp, pull to stand how old is he

- a. 8 months
- b. 10 months
- c. 12 month
- d. 18 month

192. month old child brought to you for delayed speech, he can only say "baba, mama" what's your first step in evaluating him?

- a. Physical examination
- b. Developmental assessment.**
- c. Head CT
- d. Hearing test

193. 12 yr boy brought by his parent for routine evaluation , his is obese but otherwise healthy , his parents want to measure his cholesterol level , what is the best indicator of measuring this child cholesterol :

- a. His parent desire
- b. Family Hx of early CVA**
- c. High BMI**

194. Child squealed for elective surgery his weight is 22 kg,, what is the fluid deficit to give?

- a. 37ml/h
- b. 65ml/h**
- c. 90ml/h
- d. 88ml/h

195. 2 months infant with severe gastroenteritis, vomiting, diarrhea, increase of the skin trigor, depressed anterior fontanel, pale, dry mucous membrane, crying but no tears, what is your management?

- a. aggrisive oral rehydration therapy
- b. iv saline**
- c. O.R.S solution given to mother to rehydrate the infant

196. child has sore throat and enlarged tonsils for the past week, fever,, body ache, enlarged spleen. What is the causative organism?

- a. staph aureus**
- b. streptococcus
- c. H.influanze (no EBV in the choices)

Note: sound of infective endocarditis, Streptococcus virridans then staph. aureus is the answer

d-50>>>>>>>>>>>>100>>>>>

a. Life style modification

c. Meningitis

b) DR-4.

c) Retarded growth & reduced weight

d. Niacin

d. Decrease triglyceride

204. Child come with complain of "barking" cough, stridor, hoarseness, and difficult breathing which usually worsens at night. The stridor is worsened by agitation or crying. What is the diagnosis:

- a. epiglottitis
- b. airway foreign body
- c. subglottic stenosis
- d. laryngotracheobronchitis ****

Note: most probably

205. mother having ANENCEPHALY in her first baby ,, the chance to have same condition in 2nd baby is

A- 2%***

- B- 10%
- C- 25%
- D- 50%

Note: exact recurrence rate if previous baby affected 4%
If 2 previous affected 10%

206. normal child, he want to walking , he have brother dead after walking, what of the following must be excluded before walking ?

- a. PDA
- b. VSD
- c. hypertrophic cardiomyopathy

207. at which age child spoke few words

- a. 12m
- b. 24m
- c. 36m

208. child with cough – drooling – fever – what is ttt

- a. secure air way and antibiotics

Note: (Epiglottitis)

209. child in amitryptalline 15-mg , the potential ADR may develop :

210. vitamin that should be given for newly born neonate :

b. Vit. k

211. correct about newly born with scapula fracture:

212. pt child start with waddling gait , what is appropriate investigation :

Note: waddling gait at start is normal

213. infant with erythema in diaper site , ttt :

214. child come to ER with ingestion toxic drug , what is antidote :

215. child pt with sore throat , ear pain , fever , with nodule , whate is organism cause this Manifestations :

c. streptococcus

216. most of vaccine sores in degree of :

a. 2-8 c

217. 8 month complaining of gastroenteritis loss of skin turgor , sunken eye depressed ant. Fontanel his dehydration is :

a. 10%

b. 20%

c. 5%

218. 2 years old child with hair loss in the temporal area and boggy swelling “ I think was 3cm <multiple pustules> ?

- a- Trichotillomania
- b- Aplasia cutis congenital !!
- c- Kerion**
- d- favus !!

Note : *Aplasia cutis congenita "Congenital absence of skin," and "Congenital scars") is the most common congenital cicatricial alopecia, and is a congenital focal absence of epidermis with or without evidence of other layers of the skin.

* Kerion is the result of the host's response to a fungal ringworm infection of the hair follicles of the scalp and beard accompanied by secondary bacterial infection(s). It usually presents itself as raised, spongy lesions. This honeycomb is severely painful inflammatory reaction with deep suppurative lesion on the scalp. The follicle may be seen discharging pus.

* Favus (Latin for "honeycomb") is a disease usually affecting the scalp but occurring occasionally on any part of the skin ,and even at times on mucous membranes.

219. Breast feeding mother she said I did not take my MMR vaccine what your advice ?

220. in newborn what the most important drug to give to prevent bleeding ?

- a. vit.K**

221. indication for fetal distress ?

- a. late deceleration (this was my answer)**
- b. early deceleration

222. the best for breast milk feeding ?

- a. Is breast feeding**

223. Polycystic kidney mode of inheritance?

- b. Autosomal dominant**

224. ttt to increase fetal Hb in sickle cell disease :

- d) Hydroxurea**

225. a child have drink corrosive material and came to the er look not well drooling What your management :

- a. Give 2 cup of milk
- b. Lavage
- c. Establish airway**
- d. Ask about the corrosive material it alkali or acidic

226. what the best method for prevention diseases:

- a. Immunization
- b. Teaching individual how to protect them self**

227. Which toxicity u will rush to the baby to hospital A.S.A.P :

- a. Tac toxicity
- b. Quinine toxicity**

228. OTITIS MEDIA CASE

229. child with ear discharge

230. one of the following is component of TOF ?

- f- ASD
- g- VSD**
- h- Lt ventricular hypertrophy
- i- aortic stenosis
- j- tricuspid stenosis

231. 15 yr old boy came to participate in sport team his brother died suddenly while he is walking to his work due to heart problem “, everything in the examination of this boy is normal “ no murmurs , equal pulses in all extremities “ what you should exclude in this pt before he participate in this activity ?

- a- ASD
- b- bicuspid valve
- c- VSD
- d- hypertrophic cardiomyopathy**

232. child on nutritional supplementation he came to ER with hx of 2 hrs of nausea and vomiting and abdominal Pain Dx?

a- Hypervitaminosis

b- iron overdose

233. Infant come after 5 wk with difficult breathing and occasionally turn Left :

a. ventricle hypo plastic

b. VSD

234. Newborn with white creamy lesion on the mouth after taking course of antibiotic ,, ttt:

a- Oral nystatine (t)

b- steroid

c- AB

d- antiviral

235. To prevent infection in neonate :

a- wash hand before and in between patients examinations

236. Child grinding on his head no change in conscious he crying 2 times do ?

a. MRI

b. CT

c. observation

d. refer to neurologist

237. infant (28 week gestation) 900 gram go to NICU after resuscitation:

238. contraindication of breastfeeding ?

- a. HIV
- b. Hep C

239. best stimulus for lactation ?

- a. Breastfeeding

240. Mother has baby with cleft palate and asks you what is the chance of having a second baby with cleft palate or cleft lip ,

- a. 25%
- b. 50%
- c. 1%
- d. 4%

Note: If only the lip has a cleft, the risk of this occurring in a second child is about 2%.

241. in pediatric what is the most common for failure to thrive :

- a. Protein & milk intolerance
- b. Psychosocial
- c. Cystic fibrosis

242. varicella vaccine you will give:

- a- 2 doses in 2 weeks
- b- 2 doses in 6 weeks
- c- 2 doses in 2 months
- d- 2 doses in 1 year

Note: given primary at age 1 & 4-6 y. 1 y and above 2 doses at least 4 weeks apart

243. varicella vaccine in women wants to get pregnant

- a- Is not contraindicate in pregnancy
- b- Terminate pregnancy immediately
- c- Before get pregnant 3 months**
- d- Its live attenuated BACTERIA

244. there is outbreak of diphtheria and tetanus in community ,regarding to pregnant woman:

- a. Contraindication to give DT vaccine
- b. If exposed, terminate pregnancy immediately
- c. If exposed, terminate after 72 hour
- d. Give DT vaccine anyway**

245. All of the following are live vaccine except:

- a. MMR
- b. Oral polio
- c. Varicella
- d. Hepatitis B vaccine**
- e. BCG

246. case scenario plural effusion , cardiac effusion with low protein, LDH, what is the cause?

- a- Tuberculosis
- b- heart failure**

247. at which age child speaks few words

- a- 12m**
- a- 24m
- b- 36m

248. Which toxicity u will rush to the baby to hospital A.S.A.P :

- a- Tac toxicity
- b- Qunini toxicity**
- c- W other I don't recall it :s

249. child smile at :

- a. at birth
- b. 1month
- c. 2 months**
- d. 6 months

250. child obese what is your advice

- a- decrease caloric intake
- b- multi factorial interaction-(my answer)**

251. child with drooling saliva, stridor, what is the dx:

- a- croup
- b- epiglottitis (my ans)**
- c- croup

252. BREAST feeding in neonate :

A- as soon as possible

B- after 2 w

253. about APGAR score:

- a- Heart rate is significant (my answer)**

254. child malnutrition low protein + no edema :

- a- kwashiorkor
- b- marasmus**

255. Child rash spread quickly + fever + drowsiness :

- a- Rubella**
- b- Measles
- c- Other names

256. 3 months infant with tachypnea, Respiratory distress . X- ray shows lower and middle lobe infiltration , opaque right lung and shifted trachea to left .. Responsible organism

- a- H inf
- b- Pneumococcus**

257. most common cause of pediatric failure to thrive

- a- Cystic fibrosis
- b- Psychosocial**
- c- Protein &Milk – intolerance

258. child with hematuria 15 RBC what next ?

- a- urine cytology
- b- Repeat urine for RBC and protein**
- c- Renal biopsy
- d- Cystoscopy

259. Newborn has vomiting after every meal intake. The examination revealed mild dehydration. No other clinical signs. No tests ordered yet. What is your next step?

- a. Order abdominal CT
- b. Reassure the pt.
- c. Refer to GS**
- d. Discharge on ORS

260. A 10 Y/O was diagnosed with rheumatic fever without any defect to the heart. You will tell his parents that he needs to take prophylactic antibiotics for how many years?

- a. 5 months
- b. 3 years
- c. 6 years
- d. 15 years**

261. child with DM type 1 associated with

- a. HLA DR4**

262. child came with severe anemia ,they're suspecting thalassemia , what's the best diagnostic to confirm :

- a- a-genetic test
- b- b-iron study
- c- Hb electrophoresis**

263. baby at 6 months , what he can do ?

- a. sitting without support**
- b. role from supine to prone position
- c. role from prone position to supine

264. about bronchiolitis , (Medications > V. imp.)

265. Toddler with sever skin itching involving the abdomen hand and face :

- a- Papilo-vesicular
- b- Chicken pox**
- c- Dermatitis herpiform

266. child with white yellow mouth lip on erythematous base with gingivitis :

- a- HSV**
- b- EBV
- c- CMV

267. 6 yrs old child came to you he only had his BCG vaccine, HbsAg +ve (mother also +ve), what to give:

- a. DTP, OPV, HiB, HepB, MMR
- b. DTP, OPV, HiB, MMR (my answer)**

268. what is the causative organism of infectious mononucleosis ?

- a. EBV (true)**

269. child swallowing battery in the esophagus management :

- a. bronchoscope(correct answer)
- b. insert fly catheter
- c. observation 12hrs (my answer)
- d. Remove by endoscope

270. child pt. came with scenario of chest infection , first day of admission he treated with cefotaxime , next day , pt state became bad with decrease perfusion and x-ray show complete rt. Side opification + hydrothorax , causative organism :

- a) Strepto. Pneum(my answer)
- b) Staph. Aureus true if pneumothorax
- c) Hemophilus influenza type b

271. case infant has genital rash (the rash spares genital fold) not response to antibiotics , most likely Dx;

A-candida albicans

b-napkin dermatitis (my answer)

c-contact dermatitis

d- atopic dermatitis

e- seborrheic dermatitis

272. 13 years old child with typical history of nephritic syndrome (present with an urea , cola color urine , edema , HTN) what is the next step to DX :

a-renal function test (my answer)

b-urine sediments microscope

c-US

d-renal biopsy

273. Lactating mother newly diagnosed with epilepsy , taking for it phenobarbital you advice is :

- a. Discontinue breastfeeding immediately
- b. Breastfeed baby after 8 hours of the medication
- c. Continue breastfeeding as tolerated

Note: very vague question , so me books avoid Phenobarbital during breast feeding if possible. And in American academy of pediatric classified Phenobarbital as drug that cause major adverse effect in some nursing infant, and should be give to nursing women with caution .

274. about fetal alcohol syndrome ??

275. female pregnant has HIV +ve , what is the most accurate information to tell her about risk of transmission to baby ;

- a. likely transmission through placenta
- b. through blood cord
- c. hand contamination of mother
- d. by breast feeding

276. 6 years child was born to HBS positive mother is HBS positive , he was only vaccinated by BCG after birth , what you will give him now :

- a. HBV + oral polio + DTP + hib
- b. HBV + oral polio + dt + MMR +hib
- c. oral polio + Dtp + MMR+ hib (true)

278. The best way to reduce the weight in children is:

- a. stop fat intake
- b. Decrease calories intake
- c. Drink a lot of water
- d. decrease CHO
- e. multifactorial intervention with family (my answer)

279. Infant born with hemangioma on the right eyelid what is appropriate time to operate to prevent amblyopia:

- a. 1 day
- b. 1 week (1000% correct answer true)
- c. 3 months
- d. 9 months

280. You are supposed to keep a child NPO he's 25 kgs, how much you will give for maintenance:

- a. 1600 ml .

281. case infant , hepatosplenomegaly , , jaundice , what is the dx ?

- b. Congenital CMV

282. Newborn came with red-lump on left shoulder, it is:

a. Cavernous Hemangioma (my answer)

283. 9 yrs pt come with ear pain , red tense tympanic membrane , -ve Rhine'stest with + ve Weber test with lateralization (conductive loss) for TOW:

a) Otitis media

b) otosclerosis

c) cholestiatoma

284. The same case above BUT he said conductive hearing loss directly without those tests:

a- Otitis media

285. 4y girl, decrease head growth, decrease social interaction, decrease in language ...etc:

286. Child with history of SCA and recently treated from acute crisis

287. Infant newly giving cow milk in 9 months old , closed posterior fontanel, open anterior fontanel with recurrent wheezing and cough , sputum examination reveal hemoptesis , x-ray show lung infiltration , what is your action:

a- diet free milk

b- corticosteroid

c- antibiotics ??????

Note: the scenario suggest TB

288. Infant born with hemangioma on the right eyelid what is appropriate time to operate to prevent amylopia:

a. 1 day

b. 1 week (1000% correct answer true)

c. 3 months

d. 9 months

289. 5 y.o child with h.o fever and swelling of the face ant to the both ears (parotid gland enlargement) what is the most common complication:

- a) meningitis**
- b) labrynthitis
- c) orchitis

290. You r supposed to keep a child NPO he's 25 kgs, how much you will give for maintenance:

a. 1600 ml .

N.B.First 10 kg X 100ml

Second 10 kg X 50ml

Over 20 kg 20 ml

291. case infant , hepatospleangly , , jaundice , what is the dx ?

a- Congenital CMV

292. Newborn came with red-lump on left shoulder, it is:

A- Cavernous Hemangioma (my answer)

293. 9 yrs pt come with ear pain , red tense tympanic membrane , -ve Rhine'stest with + ve Weber test with lateralization (conductive loss) for TOW:

- d) Otitis media**
- e) otosclerosis
- f) cholestiatoma

294. The same case above BUT he said conductive hearing loss directly without those tests:

b- Otitis media

295. 4y girl, decrse head growth, decrse social intraction, decrease in language ?

**296. Child with history of SCA and recently treated from acute crisis
?????**

297. Infant newly giving cow milk in 9 months old , closed posterior fontanel, open anterior fontanel with recurrent wheezing and cough , sputum examination reveal hemoptesis , x-ray show lung infiltration , what is your action:

d- diet free milk

e- corticosteroid

f- antibiotics ??????

298. One months Infant brings by his mother complain of bilious vomiting , constipation , abdominal pain , diagnosis by:

a- rectal

299. Child with posing head , bowing tibia ,,, rickets ,,, what is the Deficiency:

a- vit D deficiency.

300. 6 yrs +ve hepatitis , no vaccination , only BCG >>> what you will Give:

a- OPV, DTP,MMR,Hib.

301. Which of the following is contraindicated to breast feeding:

a- asymptomatic HIV

b- Hepatitis c.

302. Infant in respiratory distress ,hypercapnia , acidosis & have rhinitis , persistent cough +ve aglutination test & the doctor treat him by ribavirin DX:

a- Pertusus

b- RSV

303. 5yrs child have congested throat 2 day , complain of painless , clear DX:

a- foreign body

304. Child come to ER after ingestion of multiple iron tablet of his relative & iron conc. In blood 700ml???? what is the best intervention

a- gastric lavage

b- charcoal oil

c- iv deferoxamin

305. Patient presented with sore throat, anorexia, loss of appetite , on throat exam showed enlarged tonsils with petechi on palate and uvula , mild tenderness of spleen and liver :DX

a- infectious mononucleosis

306. Child with recurrent UTI how to counsel him:

a- increase fluid intake

307. Child with fever and runny nose, conjunctivitis and cough then he developed Maculopapular rash started in his face and descend to involve the rest of the body:

a. EBV

b. Cocxaci virus

c. Rubella virus

d. Vaccini virus

308. child with asthma use betamethazone, most common side effect is

a-increase intraocular pressure

b-epilepsy

c-growth retardation

309. baby with streptococcal pharyngitis:

a- Ttt after 9 days carries no risk of GN

b- Ttt effective in prevention of GN

c- Clindamycin effective against gram –ve organisms

310. Infant with bright blood, black stool and foul smelling stool. Best way to know the diagnosis:

a) US

b) Radio Isotopscan

c) Angiogram

d) Barium meal

311. child with hyperemia and pulging of tym mem – had previous history of treated impetigo so ttt is:

a- Cefuroxime

b- Amoxicillin

c- Erythromycin

d- Ceftriaxone

e- Cephalexine

312. malaria in a child:

a- crescent shape gametocyte of vivex is diagnostic in the stool

b- the immediate ttt primquine for 3 d

c- 72h tt t of malaria is suffecept

d- the most common cause is falciparum

313. scaly purpule lesions in the face of a child the cause

a- staph. Aureus

b- beta haemolytic

C-srept.coci

d-H.influenza

314. child >90% of the normal . < persentile hight with sever bowing of legs what help u for diagnosis:

a- lower extremities x-ray

b-pelvicx-ray

c- cbc

d- alkaline phosphatase

315. Child with wheezing cough dyspnea with recurrent symptoms presented this time with same symptoms plus hemoptysis chest bilateral infiltration and sputum analysis show blood recently shifted from breast feeding to cow milk hx of dermatitis immediate management :

- a-Sodium
- b-cormoclgate
- c-Corticosteroid
- d-Antibiotic
- e-Milk free diet**

316. 6 years old child presents with straddling gait and in ability to stand or walk without support, he is irritable with vomiting 3 times, he has a history of chickenpox 3 weeks ago. O/E all are normal except resistance when trying to flex the neck, what is the most likely diagnosis:

- a) Fradrich's ataxia**
- b) Acute cerebellar ataxia
- c) Meningioencephalitis**
- d) Gullian Barre syndrome

317. 2 months old infant ,presented with vomiting after each meal ,50% percentile growth ,labs normal, management??

- a- Reassurance + follow up
- b- Surgical referral**
- c- Try PPIs
- d- CT abdomen

318. Baby presented with cellulitis in his face ,what is the most common pathogen causing cellulitis in age (6-24 months)?

- a- Staph aureus
- b-Sterptococuss**
- c-H influenza

319. 8 years old boy , has a height of a 6 year old and a bone scan of a 5.5 years. DX?

- a) Steroids
- b) Genetic (constitutional)
- c) Hypochonroplasia
- d) Hypothyroidism**

320. normal child ,he want to walking , he have brother dead after walking , what of the following must be excluded before walking ???

a-PDA

b-VSD

C-hypertrophic cardiomyopathy

321. child >90% of the normal . < persentile hight with sever bowing of legs what help u for diagnosis:

a- lower extremeties

x-ray

b- pelvic x-ray

c- cbc

d- alkaline phosphatase

322. 4 y/o boy felt down his mother pulled him by his arm & since then kept his arm in pronation position what is your management:

A) Splint

B) Do x-ray for the arm before any intervention

C) Orthopedic surgery

323. child with hematuria 15 RBC /hPF , all examination normal ,what is next :

a-urine cytology

b-cystoscopy

c-renal biopsy

d- repeat urine for RBCs and protein

324. 9year old boy cam to PHC with URTI and swap was taken and sent home, after 5 days the result was Group A streptococcus and then you called the family and they told you the boy is fine and no symptoms whats you next step:

A- Give Ceftixim IM one dose

B- Penicillin for 7 days

C- Penicillin for 10 Days

D- Do Nothing

325. 9 day old infant , presented to well baby clinic, with mild jaundice and yellow scaling on face and chest, otherwise examination normal , on breast feeding, doing well according to mother, what is the cause of his condition:

a. Breast milk jaundice

326. 5 y/o girl , presented with sore throat, and serosanguinous vaginal discharge:

a. Streptococcus infection

327. k/c of SCA, have URTI, then suddenly have chest pain, lobar infiltrate, WBC18000, Hg 7 , fever what is the cause for his condition:

a. PE. acute chest syndrome

328. Young boy , k/c of SCA, had UTI and ttt well, what to give prophylaxis :

a. Amoxicilline

329. Child had chest tightness and cough when exposed to cold and exercise, what to give for prophylaxis :

a. B2 inhaled agonist,

b. Steroid inhaler.

c. Theophyllin.

d. Oral steroid.

330. a case of child drink corrosive material , hypotensive, pale , drooling, what to do:

a. establish airway.

331. Child his mother let him to go to bathroom before sleeping and avoid drinking before sleep this management of:

a. Enuresis

332. What is the most common treatment for juvenile rheumatoid arthritis

- a. Paracetamol aspirin

333. after bite, pediatric patient presented with abdominal pain and vomiting , stool occult blood , rash over buttock and lower limbs , edema of hands and soles , urine function was normal but microscopic hematuria was seen:

a. Lyme

b. Henoch-Schonlein Purpura

334. Child is ill with fever, abdominal pain & pass bloody mucus, obstructive pattern, next?

a. barium enema

335. Child fell on her elbow and had abrasion, now swelling is more, tenderness, redness, swelling is demarcated (they gave dimensions) child has fever. Dx:

a. Gonoccal

b. arthritis Synovitis

c. Cellulitis of elbow

336. 3 years old presented with shortness of breath and cough at night which resolved by itself in 2 days. he has Hx of rash on his hands and allergic rhinitis. he most likely had

a. bronchial asthma

337. What is true about rubella

a. arthritis

338. On examination of newborn the skin show papules or (pastules) over erythema base: →

a. erythema toxicum neonatorum

339. After doing CPR on child and the showing asystole:

a. Adrenaline

340. central line complicated by sepsis in child , what is the causative organism →

a. group B strept e.coli

341. Contraindication of breast feeding:

a) Asymptomatic HIV

b) Active hepatitis C

c) Veneral wart

d) TB treated for 3 months

342. Case about a child with drooling, fever, barking cough in sitting position, dx:

a) Croup (acute tracheolaryngobronchitis)

b) Broncholitis

c) Pneumonia

d) Acute epiglottitis

343. a boy with nocturnal enuresis .. psychotherapy failed to show result you will start with:

a) Imipramine and vasopressine

b) clonidine and vasopressine

c) clonidine and guanfacine

d) Imipramine and guanfacine

344. DRUG USED IN ATTENTION DEFICIT :

345. Child with mild Thrombocytopenia develop hemarthrosis , in past hx similar episode Dx

a-THROMBOCYTOPENIA

b-FACTOR 8 DEFICIENCY

346. Child with high fever after 2 days develop sorethroat on examination there is congested throat and pharynx and white to papule on erythematous base in mouth and lip what is most likely likely DX:

347. Child with high grade fever .. Cough drooling of saliva and Stridor-6 what Is the DX and how to manage

348. you want to give varicella vaccine in one who has not had vaccine before how to give

349. child C/O fever , sore throat all examination was normal What is the ttt:

a-Ceftriaxone

b-Ceftriaxone

c-Give paracetamol and take pharyngeal swab

350. child was normal except the pharyngeal swab +ve for meningococcal what is the treatment ?

351. kawshirkor ?

352. infant with high grade fever .. Irritable .. Look sick .. Complain of anuria 4 hour with multiple petechia and purpura on body .. He was tachycardic and hypotensive DX

353. child on supplementation, coming with nausea, vomiting & diarrhea with black emesis, you suspect a toxicity of:

a. IRON

354. child with enuresis which investigation is important

A)Urinalysis is the most important screening test in a child with enuresis

355. birth ,3 died within months ,2 died before their 1st birthday , with 750 p come out & 250 come in what is the birth mortality rate in this city:

a. 4

b. 6

c. 8

d. 9

356. 44 w old neonate with projectile vomiting Dx

357. typical case of pertussis (ask about Dx(.

**358. CHILD SEVERLY ILL AND FEVER FOR 2 DAYS
ANOREXIA, NAUSEA, VOMITING THEN PETECHIA RASH
APPEAR IN TRUNK AND SPREAD IN THE BODY ?**

- a. MEASELS
- b. ENINGOCOCCAL MENINGITIS
- c. MOUNTAIN FEVER

**359. There is outbreak of diphtheria and tetanus in community,
regarding to pregnant woman :**

- a. Contraindication to give DT vaccine
- b. If exposed, terminate pregnancy immediately
- c. If exposed, terminate after 72 hour
- d. Give DT vaccine anyway

360. what is the most common malignant parotid tumor in children:

- a) Mucoepithelioid carcinoma
- b) Adenocarcinoma
- c) Undifferentiated CA
- d) Undifferentiated sarcoma

361. Ashmatic child taking beclomethason that mostly cause:

- a. increase activity
- b. intraocular HTN
- c. growth retardation

362. most common malignant parotid tumor in children:

A - mucoepidermoid carcinomas

363. All of the following are live vaccine except:

- a. MMR
- b. Oral polio
- c. Varicella
- d. Hepatitis B vaccine**
- e. BCG

364. 18 months old came with bite by her brother, what you will do:

- a. Give Augmentin**
- b. Give tetanus toxoid

N.B: The current recommendations from the Infectious Disease Society of America (IDSA) call for the use of amoxicillin/clavulanate (Augmentin) or ampicillin/sulbactam (Unasyn) for human bites that may become or are infected because such antibiotics are usually effective against *Eikenella corrodens*, a bacteria species often involved in human bite infections.

365. pt diagnosed with EBV and discharged a few days later he came to ER and when taking hx he became tachycardia and hypotensive what you will do:

- a- Fluid management
- b- Urgent abdomen CT**
- c- IV antibiotic with fluid

366. 3 old pt with 2 years bone pain , lethargy , fatigue, wedding gait , came with table show high calcium and high phosphorus ;

A_ osteoporosis

B_ osteomalacia

C_ paget disease of bone

D_ metastases prostate cancer

E_ paraneoplastic syndrome

367. Child with large periorbital hemangioma, if this hemangioma causes obstruction to vision, when will be permanent decrease in visual acuity

a. After obstruction by one day

b. by 1 month

c. by 3 months

d. By 6 months

368. Child 9 month hx of congenital heart disease .. central and peripheral cyanosis Dx?

a) Tetralogy of fallot

b) Coarctation of aorta

c) Truncus arteriosus

d) ASD

369. pregnant lady wants to know if her baby has Down syndrome what is the best investigation:

a-Amniocentesis

b-Triple

370. infant 48hs in ICU with jaundice mother healthy with previous term pregnancy what is the most likely the cause

a- Sickle cell diseases

b- Thalassemia

c- Maternal – fetal blood mismatch

d- Hereditary genetic disease

371. a 3 year old with low hemoglobing eats lots of milk and very little red meat you will give :

c) Send home with observation

372. child with barking cough and fever 38

a- Croup

b- Epiglottitis

373. Mother who is breast feeding and she want to take MMR vaccine what is your advice:

a. can be given safely during lactation

b. contain live bacteria that will be transmitted to the baby

c. stop breast feeding for 72 hrs after taking the vaccine

374. A child with congestive heart failure and several hemangioma on the body .. the most likely place for the hemangioma is:

a) liver

b) spleen

c) intestine

d) pancreas

375. A woman wants to take MMR she is breast feeding you tell her:

a) may be given in breast feeding

b) it contains live virus which will be transmitted to the baby

c) contraindicated in pregnancy

d) stop breast feeding for 72 hrs

376. 17 years old , she missed her second dose of varicella vaccine the first about 1 y ago what you'll do:

a) give her double dose vaccine

b) P. give her the second dose only

c) see if she has antibody and act accordingly

377. the separation of chromatid occur in:

a) anaphase

b) metaphase

c) telophase

378. a baby with blood in the stool and bought of crying and x ray shows obstructive pattern.. looks like intususception you will do:

a) surgery

b) Barium enema

c) observation

d) give IV fluids and let obstruction solve itself

379. a child 3 years old fell from the bed vomited twice and has mild headache and no loss of consciousness .. you will:

- a) call for neurlogist
- b) send home with close observation
- c) CT scan**
- d) MRI

380. Mother has baby with cleft palate and asks you what is the chance of having a second baby with cleft palate or cleft lip:

- b) 50%
- c) 1%
- d) 4%**

381. child swallowing battery in the esophagus management :

- a) bronchoscope
- b) insert foley catheter
- c) observation 12hrs (my answer)**
- d) Remove by endoscope**

382. Contraindication of breast feeding:

- a) Asymptomatic HIV**
- b) Active hepatitis C
- c) Veneral wart
- d) TB treated for 3 months

383. Case about a child with drooling, fever, barking cough in sitting position, dx:

a) Croup (acute tracheolaryngobronchitis)

b) Broncholitis

c) Pneumonia

d) Acute epiglottitis

384. 6 months female , come to you with UTIs history in the last 3 months , what is your advice :

a- wipe from behind to front after defecation

b- take a bath instead of shower

c- increase fluid intake

385. in newborn exam .. what is more dangerous

a- hydrocele

b- absent femoral pulses

c- CHD

386. 28 gestation in NICU , 900 gram weight , otherwise normal . what to do ?

a- give breast milk orally

b- glucose infusion

c- broad spectrum antibiotic

387. child with congested throat & tonsil with white plaque on erythematous base on tongue & lips , also there is gingivitis (Dx.)

b. PHARYNGITIS

388. case of epiglottitis ask about best next step regarding the management of this case:

c. ICU with ...

389. 10 months old baby came to the clinic with his mother , she breastfeed him 3 times a day ,, she is known case of epilepsy on phenobarbital,,,,, What u going to tell her :

- a) Stope breastfeeding immediately
- b) Weaning over 2 weeks period
- c) Breastfeed after 8 h from taking the drug
- D-Respond to what the mother and child wish

390. Repeated Q about baby who can name 4 colors His Age :

a- 48 months (4 years)

391. recurrence if clef lip in next pregnancy :

a- 4%

392. the most common cause of epistaxis in children is:

a-Nasal polyps

b- Self induced

393. one of the folowing manifest. As croup:

a- Forigne body

b- Pneumonia

c- Common cold

d- Asthma

394. all live vaccine except :

a- Hepatitis B

395. In infant with bleeding problem give him :

a- Vit K

396. Child with whitish plaque on teeth, Hx of milk bottle in mouth during night, Dx:

a- Herpetic gingivostomatitis

b- Milk cries

c- Congenital syphilis

397. Child with Hx of URTI present with large epiglottitis, On Ex: respiratory distress, management:

a- Endotracheal intubation

b- Endotracheotomy

398. Child with Hx of malaise, conjunctivitis,...,whooping cough for 2days:

a- pertussis

399. Infant presented with hemangioma on the back your management is:

a. Intralesional injection of corticosteroids (my answer)

b. Topical corticosteroids

c. Excise of the lesion

400. kwashikor disease usually associated with :

- a. decrease protein intake, decrease carbohydrate
- b. increase protein , increase carbo
- c. decrease protein , increase carbo(my answer)**

401. child has allergy to dust what well u advice the family

a. keep humidity of the house about.....

b. cover his pillow with....

c. clean his clothe with warm water

402. child came with history of arthralgia and fever he had past history of URTI with fever On examination there was enlarged liver what is the diagnosis:

a. Rheumatic fever(my answer)

403. child with congenital; heart disease his parents doesn't know the name of the disease he has peripheral and central cyanosis:

a. PDA

b. tetralogy of fallot.

404. A boy with rheumatic fever:

a- Antibiotic prophylaxis before future dental procedures.

b- 2 Blood cultures and presence of Osler nodes are diagnostic according to Duke's criteria.

c- Duke's criteria isn't dependable for the diagnosis.

d- 1 blood culture + new murmur are diagnostic.

405. An 18-month old child brought to you for delayed speech, he can only say "baba, mama" what's your first step in evaluating him?

a-Physical examination

b-Delevelopmental assessment.

c-Head CT

d-Hearing test.

406. the hospital ?

a. Penicillin

b. diphenhydramine

c. OCPs

d. Quinine or Quinidine (my answer) e.arabiccoffee

407. Maximum spinal height is reached after menarche by how many years ?

A. Months .

B. Two years .(this is my answer but I think it is wrong)

C. Three years .(according to alqasim questions)

Obstetric and Gynaecology Section

1. Female with Hx of PID and treated with ABs she came later with fever and pain, on examination there was a mass, fluctuant (they mean abscess) in a cul-de sac !! what is ur next step?

- a. colpotomy
- b. laparotomy
- c. laparoscopy

d. Pelvic US

NOTE : really I am not sure but as we know we start by less invasive investigation

2. 18 weeks pregnant woman her blood pressure was 160/..(high) a week after her BP was 150/..(high also)

what is the Dx:

a. Gestation HTN

b. Chronic HTN <20 weeks

c. Preeclampsia

Note: because no proteinuria and no oedema to complete the symptoms of preeclampsia

3. 45 years old female G0P0 not known to have any medical illness presented to ER with severe vaginal bleeding on examination there was blood in the vaginal os her Pulse was 90 and BP 110 / 80 and on standing her P: 100 , BP :122/90 (close readings) How to manage :

- a. 2 units of blood
- b. UltraSound

4. there is outbreak of diphtheria and tetanus in community , regarding to pregnant woman:

- a. contraindication to give DT vaccine
- b. if exposed , terminate pregnancy immediately
- c. if exposed , terminate after 72 hour

d. give DT vaccine anyway (are safe during pregnancy) .

5. Female presented with vaginal discharge, itching, and on microscope showed mycelious cells and spores. This medical condition is most likely to be associated with:

- a. TB
- b. Diabetes**
- c. Rheumatoid Arthritis

6. Primigravida in her 8th week of gestation, presented to your clinic wanting to do genetic screening, she declined invasive procedure . the best in this situation is

- a. Amniocentesis
- b. 1st trimester screening**
- c. 2nd trimester screening
- d. Ultrasound

7. mother gave birth of baby with cleft lip and palate, she want to get pregnant again what is the percentage of recurrence

- a. 1%
- b. 4%**
- c. 15%

Note: GENETICS AND RISK OF CLEFT LIP & PALATE

• If this is your first child with cleft,

-The overall risk for another sibling or offspring = 4%

• If more than one immediate family member is affected,

-The overall risk for another sibling or offspring = 10-16%

More information > > >

8. CA125 is a tumor marker mostly used for:

- a. ovarian Cancer (true)**

9. fishy vaginal discharge occurs in :

- a. bacteria vaginosis (true)**

10. rubella infection during pregnancy what will do

- a. no treatment**
- b. vaccination
- c. immunoglobulin

11. Pregnant women has fibroid with of the following is True:

- a. Presented with severe anemia
- Likely to regress after Pregnancy**
- Surgery immediately
- Presented with Antepartum He

12. Pregnant lady 18 wks, her TFT showed : high TBG, high level of activated T4 , normal T4 and TSH . what is the most common cause of this results in :

- a. Pregnancy.
- b. Compensated euthyroidism.
- c. Subacute thyroiditis. ???

13. Lady with 2 day hx of fever , lower abd and suprapubic tenderness , vaginal discharge & tenderness Dx:

- a. acute salpingitis
- b. chronic salpingitis
- c. acute appendicitis

Note: according to the choice the most probably one is answer no. A

14. Last trimester pregnant lady develop sudden left leg swelling, extends from left inguinal down to whole left leg , ttt :

- a. venogram, bedrest, heparin.
- b. duplex, bed rest ,heparin
- c. pleosonography,bed rest, caval filter
- d. duplex , bed rest , warfarine

15. mastalgia is treated by :

- a. OCP

16. Fibroid :

- a. regress after pregnancy

17. Treatment for menopausal women , complains of bleeding , not associated with intercourse:

- a. estrogen
- b. progesterone

Note: Treatment depends on what is causing the bleeding. If polyps are to blame, surgery may be needed to remove them. Endometrial atrophy can be treated with medication alone; endometrial hyperplasia may be treated with medication, such as progestin or progesterone therapy, and/or surgery to remove thickened areas of the endometrium. If you have endometrial hyperplasia, you will need to see your doctor on a regular basis for monitoring.

18. Old lady, outcome baby with Clinical feature of down , single palmer creases , epicanthic fold, wide palepral fissure

a. trisomy 21

19. ectopic pregnancy in fallopian tube, what you well do :

- a. wait and observe
- b. laborotomy
- C. laparoscopy

20. most common vaginal bleeding : **

- a. cervical polyps
- b. menstruation**

21. A vaccination for pregnant lad with DT :

- a. Give vaccine and delivery within 24 hrs
- b. Contraindicated in pregnancy
- c. Not contraindicated in pregnancy**

22. A very long scenario about a female patient with vaginal discharge “malodorous watery in character” with pH of 6 & +ve clue cells but there is no branching pseudohyphae. (He is telling you the diagnosis is vaginosis & there is no fungal infection) Then he asks about which of the following drug regimens should NOT be used in this patient:

- a. Metronidazole (PO 500 gm for 7 days)
- b. Metronidazole (PO 2 large dose tablets for 1 or 2 days)
- c. Metronidazole (IV or IM)
- d. Miconazole (PO)?**
- e. Clindamycin (PO)

23. 18 Y/o girl NOT sexually active .came with vaginal bleeding ,the doctors cant exam her due to the pain , what is the NEXT step

- a. reassure her that it is normal in her age , and follow after three month if bleeding dont stop .
- b. urine pregnancy test
- c. ultrasound**
- d. refer to OB/Gyne**

24. healthy female came to your office complain of lesion in her vagina that started since just 24 h . O/E there is cystic mass lesion non tender measure 3 cm on her labia , what is the most likely

Dx :

- a. Bartholin's cyst
- b. Vaginal adenosis
- c. Schick's cyst
- d. Hygroma

NOTE:

■ Bartholin's duct cyst

- The most common large cyst of vulva
- Caused by inflammatory reaction with scarring and occlusion, or by trauma
- Asymptomatic, abscess
- Marsupialization, excision

■ Sebaceous cyst

- The most common small cyst of vulva
- Resulting from inflammatory blockage of sebaceous duct
- Excision, heat, incision and drainage

25. What is the most ACCURATE diagnosis for Ectopic

pregnancy :

- a. serial B-HCG
- b. **ultrasound**
- c. laparoscopy
- d. progesterone

NOTE:

-Pregnancy test for all reproductive aged women with abdominal pain

-Ultrasound is diagnostic when extrauterine gestational sac is seen (but often is not)

-Suggestive with complex adnexal mass with + preg.test and empty uterus 84% sensitive ,& 99% specific +, fluid filled adnexal mass surrounded by echogenic ring (bagel sign), free fluid in peritoneal cavity/cul-de-sac

26. 38 week pregnant lady came to ER in labor, cervix 4.5 cm dilated, marginal placenta previa. Management:

- a. Wait and evaluate fetus
- b. SVD
- c. C/S
- d. Forceps
- e. Rupture membrane

NOTE:

-1ST AND 2ND degree of the placenta previa with probably cervical dilatation and no bleeding with vitally stable of the mother will be normal vaginal delivery. But if there is active bleeding with no probably dilatation of cervix and the mother and fetal stress do c\s -3rd and 4th for c\s

27. mother gave birth of baby with cleft lip and palate, she want to get pregnant again what is the percentage of recurrence :

- a. 1%
- b. 4%
- c. 15%

28. 50 y/o female, operated for ovarian cancer, come to clinic for follow up , abdominal xray show scissor, what to do:

- a. Inform and refer to surgical.
- b. Inform and tell her it will resolve alone.
- c. Call attorney.

29. OCP increase risk of which of the following??

- a. Ovarian cancer
- b. Breast cancer
- c. Endometrial cancer
- d. Thromboembolism

Note: The OCP reduce the risk of ovarian and endometrial cancer and increase the risk of the breast cancer

30. Female com with lump in breast which one of the following make you leave him without appointment

a. Cystic lesion with seruse fluid that not refill again?? > > NO NEED FOR SURGICAL INTERVENTION

b. Blood on aspiration

c. Solid

d. Fibrocystic change on histological > >IT IS BENIGN

GO BACK AND READ ABOUT IT IN SURGICAL LECTURE.

31. pregnantregnant lady with hyperthyroidism what you will give her :

a. propylthiouracil

b. methamazole

c. B blocker

d. Radioactive iodine

32. Most effective antibiotic to treat gonorrhea is :

a. Ceftriaxone

b. Penicillin G.

c. Pipracilline.

d. Gentamycin.

e. Vancomycin

33. BREAST, tenderness ,fluctuant. Axillary l node enlarged

a. ABSESS

34. preganant lady 38 wks GA with placenta previa marginal with mild bleeding , the cevix is dilated cervix 2 cm

How to manage ;

a. CS

b. spontius delvery

c. forceps delivery

d. do amniotomy

NOTE:

-1ST AND 2ND degree of the placenta previa with probably cervical dilatation and no sever bleeding with vitally stable of the mother will be normal vaginal delivery. But if there is active bleeding with no probably dilatation of cervix and the mother and fetal stress do c\s
-3rd and 4th for c\s

35. which one of the following is true regarding the weight gain in pregnancy:

- a. Pregnant woman should consume an average calorie 300-500 per day
- b. Regardless her BMI or body weight she should gain from 1.5 – 3 lb which represent the baby's growth.

Note:

In search the woman need 100 to 300 more calories than she did it befor. In general the woman should to gain 2 to 4 pounds in her 1st 3 months of pregnancy then 1 pound a week for the reminder of her pregnancy.

36. 28 years old diabetic female who is married and wants to become pregnant. her blood glucose is well controlled and she is asking about when she must control her metabolic state to decrease risk of having congenital anomalies:

- a. before conception.(my answer)
- b. 1st trimester.
- c. 2nd trimester.
- d. 3rd trimester.

Note: the congenital anomaly of DM mother occur in 1st trimester so you shoul to control it befor.

37. what is the treatment for common mastalgia :

- a. tamoxifen
- b. caffeine
- c. OCP

Note: NO in MCQ danazolnorcromocriptine

38. which on of the following OCP cause hyperkalemia :

- a. ethynyl estradiol (hypercalcemia) ?

39. 40 year female has atypical squamous cells of undetermined significance on pap smear, past hx reveald 3 -ve smears, last one was 7 years ago she also geve hx of viginal wart, next step is:

- a. colposcopy
- b. hystrectomy
- c. follow up after 1 year
- d. excision by

40. Female with dysuria on examination there is epithelial cells :

a. chlymdia urethritis

41. Female child came with short stature, lossing of breast pad, short neck, what is the diagnosis :

a-Turner syndrome

42. What is true about cloniphine

a- stimulate ovulation

43. Lady want to come pregnant and want to take varcilla vaccine, what you will tell her

A- varcilla vaccine will not protect pregnant lady

b- she should wait 1 - 3 months before coming pregnant

c- it is a live attenuated bacterial

44. F pt G..P .. for evaluation she had 3 prevuse termination by D&C, OE she was normal dx??

a- asherman syndrome

b- shehan syndrome

c- kalman syndrom

d- polycystic ovarian syndrome

45. pt 38 week g complaining of abd pain, US show fibroid in uterus baby is alive what to do?

a- Termination ???

b- pain killer management

46. Mcc of post partum hemorrhage :

a- uterus atony multigravida

Note: the most common cause of the PPH is atony uterus

47. Primigravida with whitish discharge the microscopic finding show dpseudohyphae the treatment is

a. Meconazole cream applied locally

48. 40year old female(G2 P2) with hx of heavy bleeding and bleeding between periods with no hx of taking any contraceptive method ... she didn't gave hx of intercourse for more than one year...because her husband in travel ...I don't remember about the examination..but I think it was normal(Your diagnosis:

a-anovulatory cycle

b-endometrial cancer

Note: Anovulatory cycle > > non cyclic hemorrhage.
Ovulatory cycle > > cyclic hemorrhage.

49. Q about alcohol in pregnancy..what is true?

a- Placenta is a barrier for alcohol

b- Alcohol is not associated with miscarriage

c- Alcohol fetal syndrome is associated with mental retardation, hyperexcitability , facial malformation

50. pt with PPH ...try massage ,oxytocine ,ergometrine bt still bleed ..wht you do next

a- hysterectomy

b-ligate internal iliac artery

Note: the sequence of surgical interventions are:

- Repair of trauma if any
- Uterine artery ligation
- Utero ovarian artery ligation
- Internal iliac artery ligation
- Brace suturing of Uterus
- Hysterectomy
- Angiographic embolisation

51. Estrogen containing Contraceptives INCREASE risk of?

a- Breast CA??

b- Ovary CA

c- Endometrial CA??

d- Thromboembolism??

52. True about OCPs:

a- May contain upto 0.5ethinyl estradiol

b- Change viscosity of cervix discharge

c- Can delay menopause

53. Pregnant for 12weeks, Ex. uterus as large as 16weeks, High BHCG, US showed small fetus less than his age. Diagnosis
a-placental site trophoblastic disease

b-choriocarcinoma

c-Complete hydated cyst

54. Menopause women with decrease estrogen cause

A-HOT FLUSHES

B-OSTEOPAROSIS

C-ATHEROSCLEROSIS

D-INCREASE LIBIDO

55. 48 YR old pt having hysterectomy , after which she complaints of unwanted urine leakage and incomplete emptying of the bladder ,, there is urination with coughs, sneezes, laughs, or moves in any way that puts pressure on the bladder,,, treatment is

A-KEGEL EXERCISE

B-SURGERY***

C-REASSURANCE

56. Post partum women complaint of passage of flatus and stool through the vagina, diagnosis is

A-perineal tear

B- rectovaginal fistula***

C- vaginal cancer

57. HIV PT having negative pap smear , follow up

A-first 3months than 6months***

B-annually

C-every 3months

D- every month

59. female pt with Chlamydia , HSV type 2 and he underwent cervical cerculage She diagnosed as cervical dysplasia ,the most likely cause of cervical dysplasia is:

a- Human paplioma virus

b- HSV 2

c- Chlamydia

c- cervical cerculage

Note: The most common cause of cervical dysplasia is HPV

60. case about post menopause Mx everything is ok but her mother have breast cancer when she in 60yrs

a- Estrogen

b- Evaluate bone density and start osteoarthritis prevention

c- She not need any intervention now

61. 18years old female missed her menstruation for 2cycles , no sexual activity since 3 months when her housband travel abroad, she now complaining of heavy menstruation, what is the diagnosis

a- endometrits

b- chronic endometriosis

c- **anovulatory cyle**

d- cancer

Note: Regular cycle hemorrhage> > ovular cycle

Irregular cycle hemorrhage > > anovular cycle.

62. Which is true about preeclampsia

a- will change to eclampsia

63. When aspirate breast cyst, what is that good prognosis

a- when the cyst not filled again by fluid

b- when it is solid

c- when there is fibrocytic changes

64. What is true about cloniphine

a- stimulate ovulation

65. Lady want to come pregnant and want to take varicella vaccine, what you will tell her

a- varicella vaccine will not protect pregnant lady

b- she should wait 1 - 3 months before coming pregnant

c- it is a live attenuated bacterial

NOTE: The chickenpox vaccine and pregnancy could be a bad combination. Because the effects of the varicella vaccine on a developing fetus are unknown, women who are pregnant or attempting to become pregnant should not receive the chickenpox vaccine. If you discover that you were pregnant when you received the chickenpox vaccine, or if you get pregnant within 1 month after getting the vaccine, contact your doctor immediately.

Although the manufacturer's package insert recommends avoiding pregnancy for 3 months following receipt of varicella vaccine, the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) recommend that pregnancy be avoided for 1 month.

66. Before instrumental delivery, Rule out:

a- Cephalopelvic disproportion

b- cord prolapse

c- Breech presentation

67. diabetic women with Hx of fetal full term fetal demise in last pregnancy, what is your recommendation for current gestation ?

a-induction at 36w

b- C/S in 38 week

NOTE: terminate the pregnancy at 37wks either by IOL or by C/S to prevent IUFD

68. A women G1 P1 came to your clinic complaining of amenorrhea ..she is breast feeding for her last child 4 month old.. urine pregnancy test is negative...what is next step?

a- Prolactin level

b- TSH level

c- CT scan

69. post C/S pt .. forth day ..started to develop dyspnea ..your action is:

a- Supportive therapy

b- IV heparin.. arrange for urgent ventilation perfusion scan

NOTE: most probably to be the 2nd choice because there is risk of thrombus come from DVT.

70. Which is true about pre eclampsia

a- will change to eclampsia

71. drug useful for pt with idiopathic anovulation:

a. chlomophine>>induction

73. old aged female with atypical squamous cells of undetermined significance (ASCUS) on pap smear started 30 day ttt with estrogen and told her to come back after 1 weak and still positive again on pap smear, what's next:

a. vaginal biopsy

b. endometrial biopsy

c. syphilis serology

74. young female with left sided abdominal pain. no dysuria or change in bowel habit. History of hysterectomy 4yrs back but ovaries and tubes were preserved. On examination abdomen tender but no guarding. investigation show leukocytosis and few pus cells in urine. There was also history of unprotected coitus with multiple partners. (i did not get the scenario well but i think it was salpingitis).

Management :

a. consult surgeon

b. oral antibiotics

c. diagnose as ulcerative colitis

75. 18 Y/o girl NOT sexually active . came with vaginal bleeding ,the doctors cant exam her due to the pain , what is the NEXT step ?

- a. reassure her that it is normal in her age , and follow after three month if bleeding don't stop .
- b. urine pregnancy test
- c. **ultrasound**
- d. refer to OBGyne

Note: according to the choices the most probably one is C

76. healthy female came to your office complain of lesion in her vagina that started since just 24 h . O/E there is cystic mass lesion non tender measure 3 cm on her labia , what is the most likely Dx :

- a. **bartholin cyst**
- b. Vaginal adenosis
- c. schic cyst (something like that)
- d. hygroma

77. What is the most ACCURATE diagnosis for Ectopic pregnancy :

- a. serial B-HCG
- b. **ultrasound**
- c. Laparoscopy
- d. progesterone

78. pregnant lady 38 wks GA with placenta previa marginal with mild bleeding , the cervix is dilated cervix 2 cm How to manage ;

- a. **CS**
- b. spontaneous delivery
- c. forceps delivery
- d. do amniotomy

79. which one of the following is true regarding the weight gain in pregnancy:

- a. Pregnant woman should consume an average calorie 300-500 per day (my answer most likely)
- b. Regardless her BMI or body weight she should gain from 1.5 – 3 lb which represent the baby's growth

NOTE: Q is not complete

Weight gain during pregnancy :

- 100 – 300 Kcal / day , 500 Kcal / day in breastfeeding

- Wt. gain : 1 – 1.5 kg / month , 11 – 16 kg gain during pregnancy.

(for change from lb to Kg : divided by 2.2)

80. 28 years old diabetic female who is married and wants to become pregnant. Her blood glucose is well controlled and she is asking about when she must control her metabolic state to decrease risk of having congenital anomalies:

- a. before conception
- b. 1st trimester.
- c. 2nd trimester.
- d. 3rd trimester.

81. which one of the following OCP cause hyperkalemia :

- a. The answer is ethynyl estradiol
- b.

82. 27 weeks pregnant , glycosuria, she did on ttt which prove DM wt u will do ?

- a. diet control
- b. Put in ttt again
- c. random blood sugar

83. Guy take 20 pills of OCP and 2 other pills (didn't mention their type) he is alright , didn't vomit , what's your action ?

- a. Gastric lavage
- b. Toxin screen
- c. Refer to psychiatry

84. ttt of t.vaginalis ?

- a. Metronidazol

85. the marker for ovarian ca :

- c. CA 125

86. scenario about fibroid in pregnancy what's true :

- A. fibroid will regress after pregnancy

87. Couple after marriage came after 6 months complaining of failure to conceive , what u'll do :

- a. continue to try
- b. prolactin level
- c. TSH

Note: The infertility define as failure of conceive after one year

88. drug for induction of ovulation :

- a. Clomophine

89. 42 pt. came with DUB what u'll do :

- a. OCP
- b. D & C
- c. hysterectomy

90. pt came with hx of 3 weeks amenorrhea , with abdominal pain , laparoscopy done and found to have blood in the pouch of Douglas :

- a. Rupture of ectopic pregnancy

91. qs about vesicocele :

NOTE : U should know if it's repair of upper ant of the vaginal wall so the defect is vesicocele , if it's lower anterior urethrocele , if upper post enterocele , if lower post rectocele

92. qs about obstructed labor :

93. Female with dysuria, urgency and small amount of urine passed .. she received several courses of AB over the last months but no improvement .. all investigations done urine analysis and culture with CBC are normal .. you should consider:

- a) interstitial cystitis
- b) DM
- c) Cervical erosion
- d) Candida albicans

94. chylmedia non pregnant treatment :

- A. doxycyclene

95. methylergonovine is contraindicated in:

A. Maternal HTN

96. OCP that causes hyperkalemia:

A. steroidal progestin (Drospirenone)

97. Female with dysurea and cervical motion tenderness:

a) Cervicitis

b) pelvic inflammatory disease (PID)

c) Cystitis

d) Pyelonephritis

98. best indicator for labor progress is :

a. frequency of contractions

b. strength of contractions

c. descent of the presenting part

99. Before vaginal delivery, obstetrician should rule out:

a. cord prolapsed??

b.cephalopelvic disproportion

100. P3 with hx of D,C after 2nd delivery complaining now of amenorrhea with high(FSH,LH) low estrogen..Dx:

- a. turner syndrome
- b. asherman syndrome
- c. **ovarin failure**

101. female with inflammatory acne not responding to doxycycline and topical vit A . want to use oral vit A what you should tell her

- a- It cause birth defect
- b. ??

102. pt. with PID there is lower abd. tenderness.. on pelvic exam there is small mass in xxxxxx ligamente.. Rx :

- a-colpotomy
- b-laprotomy
- c-laproscopy*

103. infertile pt. with 3 previous d/c .. otherwise healthy .. Dx

- a-PCOS
- b-..... syndrome
- c-Txxxxxxxxx syndrome
- d-..... syndrome

E-shehann syndrome

asherman syndrome

104. regarding weight gain in pregnancy what is true :

- a- should consume an average calorie 300-500 per day
- b- Regardless her BMI or body weight she should gain from 1.5–3 lb which represent the baby's growth

NOTE: Q is not complete

Weight gain during pregnancy :

- 100 – 300 Kcal / day , 500 Kcal / day in breastfeeding
 - Wt. gain : 1 – 1.5 kg / month , 11 – 16 kg gain during pregnancy.
- (for change from lb to Kg : divided by 2.2)

105. action of OCP :

- A - inhibition of estrogen then ovulation
- B – inhibition of prolactin then ovulation
- c- inhibition of mid cycle gonadotropin then ovulation****

106. A diabetic pregnant with HX of fetal demise .. now is having a fetus who is healthy and her DM is very well controlled .. you will allow her for:

- a) C/S at 38 weeks
- b) induction at 36 weeks
- c) allow SVD

107. Female patient did urine analysis shows epithelial cells in urine, it comes from:

d) Vulva

e) Cervix

f) Urethra

g) Ureter

108. A female with dysurea invx showed presence of epithelial cells

a) chlamydia urthitis Valve Contamination

b) cervicitis

109. A female patient with history of cyclic abdominal pain, inability to conceive, heavy menses, and examination showed tenderness & nodularity in uterosacral ligaments. What is the diagnosis?

a. **Endometriosis**

110. what is the drug that comparable to laparoscopy in ectopic pregnancy?

a- Methotrexate

111. Pregnant women has fibroid with of the following is True:

- a. Presented with severe anemia
- b. Likely to regress after Pregnancy**
- c. Surgery immediately
- d. Presented with Antepartum He

112. which of the following contraceptive method is contraindicated in lactation:

- a) OCP** estrogen containing contraceptive
- b) Progesterone only**
- c) IUCD

113. pregnant lady 16 wks presented with vaginal bleeding ,enlarged abdomen, vomiting ,her uterus is smaller than expected for the gestational snow storm appearance on US:

- a) Complete hydatiform mole**
- b) Partial hydatiform mole
- c) Endometriosis
- d) Fibroids

114. the drug which is used in seizures of eclamptic origin (pre eclampsia)

- a) Mg sulphate**
- b) Diazepam
- c) Phenytoin
- d) Phenobarbital

115. the treatment of trichomonas vaginalis:

a) mteronidazole

b) deoxycycline

c) Ciprofloxacin

d) Amoxacillin

116. Asymptomatic woman with trichomonas :

a) Treat if symptomatic

b) Treat if she is pregnant

c) Treat her anyway

d) tell her to come in one month if she developed symptoms

e) follow up

117. Pregnant women has fibroid with of the following is True:

a) Presented with severe anemia

b) Likely to regress after Pregnancy

c) Surgery immediately

d) Presented with Antepartum Hemorrhage

118. Diagnosis is pregnant with hepatitis .. best blood test to confirm :

a- alkaline phosphatase

b- wbc

c- STOG

d- ESR

119. Major hazardous in post menopause is :

a- osteoporosis

b- hot flush

c- depression

d- pelvic floor weakness

120. Asymptomatic woman with trichomonas :

a) Treat if symptomatic

b) Treat if she is pregnant

c) Treat her anyway

d) tell her to come in one month if she developed symptoms

e) follow up

121. Pregnant women has fibroid with of the following is True:

a) Presented with severe anemia

b) Likely to regress after Pregnancy

c) Surgery immediately

d) Presented with Antepartum Hemorrhage

122. PT DYSMENORRHA – DYSPARUNIA –INVERTED UTERUS

ADENOMYOSIS-ENDOMETRIOSIS :

a. UTERINE LIOMATA

b. UTERINE CARCINOMA

123. PT IN HER 4TH DAY AFTER C SECTION WE FOUND HER PROFOUNDLY HYPOTENTION ?INITIAL ACTION?

- a. GIVE 0.9 NS WITH NACL***
- b. ALBUMIN
- c. DO SEPTIC WORKUP AND START ABX

124. first indication of pre-eclampsia is :

- a. high Bp
- b. abruption
- c. Pv bleed

125. pt GA 37 week , painful pv bleed :

126. dysuria + yellowish greenish discharge..

- a. Trachoma
- b. candiada
- c. other

127. pt, GA 34 breach presentation , what to do ?

128. pt have cheesy vaginal material ?

- a. Candia
- b. trachoma
- c. vaginosis

129. when to say head was engaged ?

Note: when the widest part of the baby's presenting part " head " enter the pelvic brim or inlet

130. pregnant not vaccinated against measles and mumps and rubella

She exposed to rubella 3 day ago what you do :

- a. No treatment**
- b. Immunoglobulin
- c. Tell her not affected on her pregnancy if she take the vaccine

131. lactating mother complain of fever and breast tenderness and redness diagnosed as bacterial mastitis what is ttt:

132. post-partum breastfeeding lady complain of breast engorgement & tenderness what you will do:

133. Rx. Of scabies in pregnant women :

- a. permethrin 5% dermal cream**

134. young lady everything within normal regarding her menses but there is 7cm mass in ovary, what is it:

135. contraindication of breastfeeding :

Note:

- Maternal HIV
- Maternal HTLV-1 and HTLV-2
- Maternal metabolic disease: Wilson's disease
- Infant Galactosemia
- Maternal Drugs
 - Drugs of abuse
 - Chemotherapy/radiation

136. Postpartum lady with post partum psychosis, which of the following is an important part in her management:

b. Family support

137. which of the following will indicate recurrent breast cancer :

138. female with positive urine pregnancy test at home what next to do:

c. Serum hCG

139. which true regarding pregnancy :

- a. Use of anti-thyroid medication increase the incidence of congenital anomaly .
- b. GERD increase the incidence of IDA

140. the commonest presentation in abruptio placenta is:

c. Vaginal bleeding

next to do :

- 142. newly married couple (6m) not conceive what to do :**

a. Green , frothy discharge

144. pregnant with uterine fibroid , has no symptoms only abd. Pain , US showed live fetus ,,,, What is the appropriate action to do:

- 145. What is the term used to describe the increase of the frequency of the menstrual cycle:**

- a. Ammenorrhoea
- b. Dysmenorrhoea
- c. Menorrhagia
- d. Hypomenorrhoea
- e. **Polymenorrhoea****

146. Most Dangerous sign during pregnancy?

a. Vaginal bleeding

147. repeated Q about the puberty of the females earlier than the males :

b. By 2-3 years earlier

148. What is the true about obstructed labor :

a- Increase with anteroposterior position

b- Related to polyhydramnios .

149. What is the true about antepartum hemorrhage :

c. Indication to vaginal examination

150. Pap smear :

151. Yellow green discharge from vagina is :

a) Trichomoniasis

152. pregnant + high TG and Total T4, with normal level of free T4 and TSH because of ?

A. pregnancy (correct)

B. thyrotoxicosis

153. Most common cause of postmenopausal benign bleeding :

A. cervical polyp

B. cervical something?

C. vaginitis

D. endometrial hyperplasia

154. OCP can cause changes in :

A. cervical mucosa

155. pt with 18 years amenorrhea, high FSH, divorced:

A. pregnancy

B. premature ovarian failure

C. hypothalamic amenorrhea

D. pituitary microadenoma

156. In which medical condition Methylergometrine (methergine)
Which use in postpartum hemorrhage is contraindication

A. maternal asthma

B. maternal hypertension

157. A 34 year old lady presented with pelvic pain and menorrhagia.
There is history of infertility. On examinations the uterus was of
normal size & retroverted. She had multiple small tender nodules
palpable in the uterosacral ligament. The most likely diagnosis is:

A. endomytritis

B. Endometriosis (true)

C. Adenomyosis

D. PID

158. pregnant with insulin dependent with good control, so to
decrease risk of congenital disease :

A. good metabolic control before pregnancy

B. 1st trimester

C. 2nd

D. 3rd

159. Primigravida with whitish discharge the microscopic finding showed pseudohyphae the treatment is:

A. Meconazole cream applied locally

B. Tetracycline

C. Metronidazole

D. Cephtriaxone

160. Pap smear :

A. One collection from os of cervix

B. 3 collection from the endocervical canal

C. One collection from vagina

161. case of painless late trimester vaginal bleeding

A. placenta previa

162. young lady with oligomenorrhea, acne, increase hair, 60 kg her weight diagnosis:

A. Hypothyroidism

B. Polycystic ovary disease

163. pregnant young lady with high TBG, high Total T4, Normal TSH, normal Free T4 .. what is the cause. two cases of ectopic

164. which of the following cause hirsutism

A. anorexia

B. hypothyroidism

C. clomiphin citrate

D. OCP

165. 6 month pregnant lady came complaining of sever abd pain on examination there is uterine fibroid and life fetus what to do?

A-Give drug for pain

B-Myectomy

C-Terminat pregnancy

166. pregnant never did checkup before , her baby born with hepatosplenomegaly and jaundice :

- A. Rubella
- B. CMV
- C. HSV
- D. HIV

167. What's the most common area in women gonorrhea affects ?

- A. Cervix
- B. Urethra
- C. Posterior fornix of vagina

168. what is true about puerperium:

- A. lochia stays red for 4 weeks (color decrease with time)
- B. epidural analgesia cause urinary retention
- C. abdominal uterus is not felt after one week (within 2 wks.)

169. assessment the progression of labor :

- A. the force of uterine contraction
- B. the frequency of uterine contraction
- C. the descend of the presenting part

170. mechanism of OCP

- A. Inhibit estrogen spur in mid .. & ovulation

171. young lady just joined new job after getting her last pregnancy a couple of months previously, in this new job she don't have to get pregnant for 3 years as rule, she came to you telling that I don't want to pregnant, I don't want to use OCP, or IUD, you recommended for her transdermal device, what you should tell her more about this?

- A. it is more likely to form more clots around the area
- B. it can be forgettable by time
- C. its safe to use for long time

172. female complaining of suprapubic abdominal pain, fever, vaginal discharge, foul smelling, for one week, she was negative for gonorrhea, chlamydia, what is the possible causative organism?

A. Bacterial vaginosis

173. postpartum one,, came to clinic and telling that during pregnancy she was taking iron supplement, and now she is complain of fatigue, dizziness,, weakness after mild effort,, lab investigation Hb=7,8 MCV=60,,Dx?

A. iron deficiency anemia

B. thalassemia

174. pregnant women in labor, suffer from severe pain, dilated cervix, all the manifestation within normal, the type of analgesia?

A. epidural

B. spinal

C. general

175. pregnant lady 16 weeks GA, complaining of vaginal bleeding ,,la la la...in the question mentioned (snowstorm) Dx?

A. complete haydatifom mole

B. partial mole

176. Pregnant w s/s of hyperthyroidism best treatment :

A. Propylthiouracil

177. Q about secondary dysmenorrhea & 2nd amenorrhea :I'm confused btw choices & forget sorry, but I think my ans in one of them is

A. Sheehan's syndrome

178. mechanism of bloody vaginal discharge :

A. menstruation.

B. mischarge

179. case scenario ... young female abd & back pain every month, headache & I think fatigue (unspecific symptoms) all s/s started from years w menstrual cycle & progressively worse :

A. premenstrual syndrome

180. case scenario ... old pt female came with osteoporotic thoracic #, T & Z score of spine & what is classification depend on WHO :

- A. osteoporosis.
- B. osteopenia.
- C. severe osteopenia.
- D. established osteoporosis.

Note: T-score between +1.0 and -1.0 normal

T-score between -1.0 and -2.5 osteopenia

T-score less than -2.5 osteoporosis

181. case scenario ... pt in labor, baby in late deceleration, what u will do in this case :

A. change position & give O2.

B. give Mg sulfate

182. case scenario ... pregnant, exposed to trauma, gush of blood from the vagina ... what is the Dx :

A. Abrupto placenta.

B. placenta previa.

C. uterine contusion.

183. case scenario ... pregnant in 9th month, c/o small amount of brown dark blood w no abd pain :

A. Abrupto placenta.

B. placenta previa.

184. Q about pt has irregular cycle and low estrogen level she ask how can low estrogen cause endometrial proliferation and save the bone density???

- A. Amenorrhea and osteoporosis
- B. Galactorrhea and osteoporosis

185. Female about 50 doing regular exercise and in good health screening show mild degree of osteoporosis and her mother fall and get fracture of wrist what will you advise her:

A. wear safety devise and training exercise

B. ca ,vit D and biphosphate

186. Pt presented with dysmenorrhea, dyspareunia pelvic Ex reveal retroverted uterus with mild tenderness dx

A. endometriosis

B. endometrial leiomyoma

187. cause of bleeding after D& C is

A. asherman syndrome

B. missed disease

C. Perforated uterus***

D. infection

188. Pregnant lady , 34 wk GA , presented with vaginal bleeding more than her menstruation. On examination , cervix is dilated 3 cm with bulging of the membrane, fetal heart rate = 170 bpm . The fetus lies transverse with back facing down . us done and shows that placenta is attached to posterior fundus and sonotranulence behind placenta. Your management is :

A. C/S

B. Oxytocin

C. Tocolytics

D. Amniotomy

189. Female with greenish vaginal discharge, red cervix. under the microscope it was a protozoa..Dx:

A. Trchimoniosis

190. A question for clomiphene citrate:

A. induce ovulation

191. prenatal mortality mean :

A. number of still birth <20 week gestational age.

B. number of stillbirth + first week neonate.

C. number of deaths /1000.

192. secondary amenorrhea:

A. due to gonadal agenesis

B. sheehan's syndrome

C. It is always pathological

193. a female patient , with herpes in vagina , what is true :

A. pap smear every 3 year

B. CS delivery if infection in 2 weeks before delivery

194. white bleeding per vagina with itching ttt

A. nystatin

195. graph about female young with 32 kg m²

196. young with anovulation , hirsutism , dx

A. PCOS

197. chromose in polycystic ovary

198. Dx for PCOD

199. female with hirsutism , normal estrogen and abnormal FSH and LH , dx

Note:

hirsutism &/or Virilization, anovulation, amenorrhea, insulin resistance with hyperglycemia, and obesity may be present
↑ LH/FSH ratio (>3:1 is diagnostic)

200. abdominal pain for 6-months related to menses , 2-3 days after starting the menses and is known as worsen , dx

201. female with dysfunctional vaginal bleeding , best ttt

A. OCPs

202. Pathology in HSP:

A. arteriole venule capillary

203. what is non-hormonal drug use to decrease hot flush in postmenopausal women:

A. Paroxetine

204. adolescent female till about the spinal cord will stop after menarche by

A. 24m

B. 38m

205. female with irregular cycle month and absent for two months with heavy bleeding:

A. metrothex

B. menorrhagia

C. menometrorrhagia

D. polymenorrhagia

206. Which of the following cause hirsutism :

a- Anorexia

b- Digitalis

c- clomiphene citrate

d- OCP

Note:

drug-induced hirsutism

minoxidil

cyclosporin

phenytoin

207. female her height is 10th percentile of population , what u will tell her about when spinal length completed ,after menarche ?

- a- 6m
- b- 12 m
- c- 24 m**
- d- 36 m

208. female middle age with multiple sclerosis , complaining of urinary incontinence and he mention in the question that in some time she did not feel it :

- A. Reflex incontinence
- B. stress incontinence
- C. overflow incontinence**
- D. urge incontinence

209. female having vaginal discharge white and microscopically revels psudohyphe what is the best drug ?

- A. Meconazole cream applied locally**
- B. Tetracycline
- C. Metronidazole
- D. Cephtriaxone

210. 19yrs old female having an infant 4 mon. old and does not want to become pregnant soon ,she is breast feeding him and pregnancy test b-hcg was negative?

- A. reassure and ask for her contraceptive counseldation .(I hope it is the correct answer)**

211. in female the N-Gonnorea in which part of the reproductive system ?

- A. the cervix**

212. which of the fowling indicate progress of labor ?

- A. frequency of the contraction
- B. strength of the contraction
- C. descent of the presenting part**

213. Gonorrhea affect :

- A. Cervix**
- B. urethra
- C. rectum
- D. post fornix

214. pt with hirsutism , obese , x-ray showed ovary cyst best ttt:

- A. Clomid

215. pregnant with asymptomatic hyperthyroidism ttt is:

- A. b blocker
- B. propylthiouracil**

216. scenario about ectopic pregnancy B-HCG is 5000 and hemodynamically is stable ttt is :

- A. observation
- B. medical.
- C. laparoscopy**
- D. laparotomy.

217. most accurate to determine gestational age:

- A. US
- B. LMP**

218. dysfunctional uterine bleeding :

- A. most common in postmenopausal women**
- B. adolescent**

219. The cause of high mortality in pregnant female !:

- A. -Syphilis
- B. -Toxoplasmosis
- C. -Phenochromctoma

220. Mallory-Weiss Tear

A. common in pregnancy

221. ectopic pregnancy :

222. read about the screening of cervical cancer :

223. Absolute contraindication of lactation is :

a) HIV

224. When start lactation :

b) as soon as possible

225. Case of ectopic pregnancy , site of pregnancy is :

a- FT

226 In pre-eclampsia the main sign is :

b- elevated blood

227. In pre-eclampsia the main sign is :

a. elevated blood

228. Patient came to you and you suspect pre eclampsia, which of the following will make it most likely:

a. Elevated blood pressure (my answer)

b. Decrease fetal movement

c. ??

229. uterus is larger than suspected , B-hcg is very high , the doctor diagnosed her as having tumor which is chemo sensitive , what is the diagnosis :

A. Ovarian cancer

B. Endometrial cancer .

C. Gestational trophoblastic . (my answer)

230. the most useful test to detect early pregnancy:

a.urine pregnancy test (my answer)

b.ultrasound

Note: if there was no serum BHCG

231. pregnant lady in the 7 month on iron therapy came with HB: 7.8 and MCV:60 what is the diagnosis?

a. Iron deficiency anemia

b. Megaloblastic anemia

232. Pregnant lady which is hypertensive regarding methyldopa what well u tell her

b. Methyl dopa better then lisnopril

(I couldn't remember the other chooses)

233. 30 year old women with cyclic pain ,pain with coitus on examination there was mild tenderness in pelvic examination :

a. Endometriosis

234. treatment of gonorrhea:

b. Ceftriaxone

235. 44 lady has previous history of DVT her husband doesn't want to use condom what well u advice her:

a.OCP doesn't increase the risk.

b.IUD is preferred in this case

c. she is unlikely to become pregnant.

236. what is true about puerperium:

a. lekorra stays red for 4 weeks

b. epidural analgesia cause urinary retention

c. abdominal uterus is not felt after one week

237. A woman G1P0, 13-week pregnant came to you with a blood pressure of 145/100, she hasn't visited her doctor for years and doesn't know if she has previous Hx. Of HTN, the next visit her BP is 142/98, no protein urea, She exercises regularly 3 to 4 times per week. What's most likely?

a-Pre-eclampsia

b-Chronic Hypertension

c-Pregnancy-Induced hypertension

238.and that he won't survive for long, what's the Dx.?

c. Post-partum psychosis

239. A placenta that's positioned on the antero-lateral wall of the uterus, can't be reached by finger through cervical examination:

a-Low lying placenta

b-Normal lying placenta

c-Marginal placenta previa

d-Partial placenta previa

240. normal puerperium :

a-it lasts for up to 4 weeks

b-the uterus can't be felt after the 1st week

241. best test to detect age of gestation is

a-LMP

b-U.S.

242. Pregnant lady , 34 wk GA , presented with vaginal bleeding more than her menstruation. On examination , cervix is dilated 3 cm with bulging of the membrane, fetal heart rate = 170 bpm . The fetus lies transverse with back facing down . us done and shows that placenta is attached to posterior fundus and sonotranulence behind placenta. Your management is :

a. C/S

b. Oxytocin

c. Tocolytics

d. Amniotomy

243. If diabetic mother blood sugar is always high despite of insulin, neonate complication will mostly be:

a. Maternal hyperglycemia

b. Maternal hypoglycemia

c. Neonatal hypoglycemia

d. Neonatal hyperglycemia

244. Female with greenish vaginal discharge, red cervix. under the microscope it was a protozoa Dx :

d. Trchimoniosis

245. clomiphene citrate:

a. induce ovulation

246. New married female has vaginal discharge colorless no odor no pain What is this discharge??

a) Normal after intercourse

247. Condition not associated with increase alpha fetoprotein

a- breech presentation

b- Down syndrome

NOTE :

Elevated serum AFP indicate the following conditions :

1. Neural tube defects : (Anencephaly and spina bifida)
2. Gastroschisis : (abdominal wall defect, often lateral to the rectus on the right)
3. Omphalocele : (midline umbilical hernia covered by peritoneum)
4. Multiple gestation, when there is placental abruption
5. Ovarian tumor

Decreased serum AFP indicate the following conditions : (Down syndrome, Trisomy 18 , Diabetic patients)

248. pregnant never did check up before , her baby born with hepatosplenomegaly and jaundice :

a- Rubella

b- CMV

c- HSV

d- Toxoplasmosis

NOTE : possible sequelae of some congenital infections :

Toxoplasmosis: Low birth weight, Fever, Maculopapular rash, Hepatosplenomegaly , Microcephaly, Seizures, Jaundice, Thrombocytopenia, Generalized lymphadenopathy.

congenital syphilis : stillbirth, Spontaneous abortion, Hydrops fetalis, Prematurity, lesions on palms and soles Hepatosplenomegaly , Jaundice , Anemia , Snuffles , congenital anomalies, Active congenital syphilis, Hutchinson triad.

Rubella: Cataracts , Cardiac malformations (PDA or pulmonary arterial hypoplasia) , Neurologic sequelae (meningoencephalitis, behavior disorders) , Growth retardation, Hepatosplenomegaly

Thrombocytopenia, Dermatologic manifestations (purpura, known as “blueberry muffin” lesions) , Hyperbilirubinemia.
cytomegalovirus (CMV) : Hearing loss, Impaired speech,
Chorioretinitis/visual impairment, Mental retardation , Microcephaly ,
Seizures, Paralysis or paresis, Death.

249. Female pt. came to you post ovarian cancer surgery one month ago, you did X-Ray for her and you found metallic piece, what you will do

- a- Call the surgeon and ask him what to do
- b- Tell her and refer her to surgery
- c- Call attorney and ask about legal action
- d- Tell her that is one of possible complications of operation
- e- Don't tell her what you found

250. most common of bleeding on postmenopausal women

A- cervical pulp

B- uterine a tony

NOTE : the most common causes of postmenopausal bleeding are vaginal and endometrial atrophy , but you have to rule out endometrial carcinoma first. Other cause like plolyps , hormonal therapy , endometrial hyperplasia

251. women came to clinic for follow up for pap smear 3 time negative and has history of wart from 7 years and now found Atypical Squamous tissue grow, Next step

- a- repate pap after 1 years
- c- Hiv smear
- d- Resection loop**
- e- hestroctomy

252. Women have unilateral cyst :

NOTE : Benign Ovarian Neoplasms : (Epithelial; germ cell; stromal cell), Treatment: Laparoscopy with unilateral cystectomy or oophorectomy (if the patient wishes to preserve fertility). Conversion to laparotomy and staging if malignancy is found.

253. Neisseria gonorrhea treatment:

a- Ceftriaxone

NOTE : The following are conditions and their prophylactic treatments

<i>Chlamydia</i>	Azithromycin (1 g PO) or Doxycycline (100 mg, PO, bid x7 days)
<i>Gonorrhea</i>	Ceftriaxone (125 mg, IM)
<i>Trichomoniasis</i>	Metronidazole (2 g, PO x 1 or 500 mg bid, PO x 7 days)
<i>Hepatitis B</i>	Hepatitis B immune globulin and Hepatitis B vaccine (0, 1, and 6 months)

254. Female dx recently with epilepsy & you gave her phenobarbitone , she lactate her 10 month old child 3time/day, what will be your advice:

- a- stop lactation immediately
- b- stop lactation over three weeks
- c- Lactate only 8 hours after each dose

d- Continue the feeding

Note : "Although anticonvulsants are excreted in breast milk in small amounts, breastfeeding is not contraindicated."
(Essentials of obstetrics and gynecology", 4th edition , Hacker)

255. Lactating mother with mastitis treatment:

a- Doxycycline

b- Ceftriaxone

c- Cefixime

d- Metronidazole

Note :

- non severe infection dicloxacillin or cephalixin and If beta lactam hypersensitivity present, clindamycin .
- non severe infection with risk for MRSA trimethoprim-sulfamethoxazole or Linezolid
- severe infection (eg, hemodynamic instability, progressive erythema), vancomycin

256. Old female with itching of vulva , by examination there is pale and thin vagina , no discharge . what is management :

a. Estrogen cream

257. female have itching in valve and thigh :

A- Contact dermatitis

258. Female + her child (after 2 weeks of delivery she complain of poor feeding of the baby) with hallucinations (the mother)

a- obsession

b- post partum sychcosis

Note: sychosis can be manifested through one or more of the following:

- Delusions: fixed, false beliefs
- Hallucinations: false perceptions (eg, visual, auditory, or olfactory)
- Thought disorganization

259. female late deceleration 38 week :

a- change the position and give o2

Note: How are late decelerations managed?

- Move mother to left or right lateral position
- Supplemental O2
- Stop oxytocin (and potentially start tocolytics)
- Increase IV hydration
- Monitor maternal BP to ensure maternal hypotension is not the cause
- Fetal blood sampling to assess for acidosis (if available)

260. child with vaginal discharge green, Bad odor, pelvic exam normal ?

A- Foreign body

b- Trichomoniasis

261. anterior-lateral located placenta not palpated by pv examination

a- Marginal

b- Low lying

c- Normal lying

d- Partial low lying

262. pregnant 38 gestation, BP 140/90

a- Cs

b- Induction

c- Observe bp reading

d- Give anti hypertensive

263. mechanism of OCP

a- Inhibit estrogen spur in mid ..&ovulation

Note : Hormonal contraceptive methods act primarily by inhibiting the midcycle surge of gonadotropin secretion and thereby inhibiting ovulation. They also alter the endometrium and cervical mucus to decrease sperm transport and implantation, and decrease tubal motility.

264. pregnant lady with low back pain .. All gynecologic causes ruled out what to give :

- a- Acetaminophen
- b- Paracetamol
- c- Profane

Note : no enough info ...I think this is a labor pain , Put if this is not a labor pain the best choice is (Acetaminophen) paracetamol (NSAID) but After 24 weeks, these medications may cause premature closure of the ductus arteriosus and should therefore be avoided. Also they should be avoided during a conception cycle, as they may interfere with implantation . They may be used from the time of a positive pregnancy test until 24 weeks of gestation

265. About Methyldopa in pregnancy

Note :

- considered the drug of choice for treatment of hypertension in pregnancy beside labetalol & CCB
- It is Alpha₂-Adrenergic Agonist .
- hepatotoxicity due to methyldopa may occur during pregnancy.

266. A mother is lactating and she wants to take MMR vaccine. What do you tell her?

- a- MMR vaccine has live attenuated bacteria.
- b- D/C breast feeding for 72 hours after the vaccination.
- c- MMR vaccine can be taken safely while breast feeding
- d- MMR vaccine will harm your baby.

Note : The measles, mumps, rubella (MMR) vaccine, a live-attenuated vaccine, should be given to women who are not pregnant and who do not have evidence of immunity to rubella. Vaccinated women are advised to avoid conception for 28 days after administration .The vaccine can be given safely to postpartum women who are breastfeeding. Although rubella virus is excreted into breast milk, only seroconversion without serious infection has been reported in breastfeeding infants

267. TTT of Gonorrhea:

B. CEFTRIAZONE AND CEFEXIME

268. scenario about fibroid in pregnancy what's true :

a- fibroid will regress after pregnancy

Note : " Steroid hormones influence the pathogenesis of leiomyomas, but the relationship is complex. As an example, although there are high levels of both estrogen and progesterone during pregnancy and with estrogen-progestin contraceptive use, both decrease the risk of developing new leiomyomas but may lead to leiomyoma growth." Uptodate 19

269. couple after marriage , came after 6 months , complaining of failure to conceive , what you will tell her :

a- continue to try

b- prolactin level

c- TSH

Note : infertility defined as inability to conceive after 12 months of frequent intercourse without use of contraception

270. drug for induction of ovulation :

a- Clomiphene

271. 42 y\o pt. came with DUP what you will do :

a-OCP

b-D & C

c-hysterectomy

Note : anovulatory DUB treated by OCP or cyclic progesterone . D&C can be done if patient is hemodynamically unstable. ovulatory DUB treated by OCP.

272. pt. came with hx of 3 weeks amenorrhea , with abdominal pain , laparoscopy done and found to have blood in the pouch of Douglas :

a- Rupture of ectopic pregnancy

273. qs about vesicocoele :

Note : you should know it's repair of (upper ant of the vaginal wall so the defect is vesicocoele, if it's lower anterior urethrocele if upper post enterocele , if lower post rectocele)

274. pt asking u why instead of doing self breast exam. Every month not to do mammography yearly , what u'll say :

a-mamography only detect deep tumor

b-mamography and self exam. Are complementary

c-self breast exam are better bcz it detect early tumor

d-mammography are only for palpable masses

275. qs about obstructed labor :

276. breech presentation came at 34 wks , what u'll do :

a-wait until 36

b-do ECV

Note : When is external cephalic version (ECV) done? After 36 weeks
But it can be done at 34 and 36 but it is less safe because of the tendency
for the premature fetus to revert spontaneously to a breech presentation

277. Patient pregnant in her 8th month had vaginal bleeding .past history of hypertension, Come now with abdominal pain dx

a- Placenta previa

b- Ectopic pregnancy

c- Abruptio placenta

Note : causes of Antepartum hemorrhage:

1. Abruptio placentae 30%

2. Placenta previa 20%

3. Uterine rupture

4. Vasa previa

278. patient complain of irregular period and excessive facial hair .her mother had the same. BMI 36 normal estrogen increase testosterone increase LH and decreased FSH, and her urine shows 17 hydroxysteroid Dx ?

a- Chushing

b- Polycystic ovary

c- Adrenal adenoma congenital adrenal hyperplasia

279. Young female she have irritation vulva she goes to here doctor and advise her to change the soap she using ! but still she have this irritation It was waxy with grayish

- a- Atopic dermatitis
- b- Contact dermatitis
- c- Lichen simplex
- d- **Lichen Planus**

280. polygonal rash flat topped :

- a- **Lichen planus**

281. the most common cause of nipple discharge in non lactating women is :

- a- **prolactinoma**
- b- hypothyroidism
- c- breast CA
- d- fibrocystic disease with ductal ectasia .

Note : most common causes of galactorrhea (discharge from both nipples) : Pituitary adenoma (prolactinoma), medications, hypothyroidism

282. A young girl come to your clinic with history heavy vaginal bleeding and you diagnose her as dysfunctional uterine bleeding, How to manage ?

- a- **combined oral contraceptive pill (the correct answer**
- b- hospitalize and give blood transfusion
- c- hysterectomy
- d- D&C

283. pregnant LADY GIVING HISTORY OF INCREASED BODY WEIGHT ABOUT 3 KG FROM THE LAST VISIT AND LOWER LIMB EDEMA TO CONFIRM THAT SHE HAD PREECLAMPSIA what u want to check :

a-measure BP

b-protein urea

284. pregnant lady with hyperthyroidism what you will give her :

a-propylthiouracil

b-methamazole

c-B blocker

d-Radioactive iodine

Note : treatment of hyperthyroidism in pregnancy :

1. Radioiodine is absolutely contraindicated
2. Iodine is contraindicated as it can cause fetal goiter
3. Propylthiouracil (PTU) 50 mg bid
4. Beta blockers may be given to ameliorate the symptoms of moderate to severe hyperthyroidism in pregnant women (low-dose atenolol may be appropriate to begin)
5. Thyroidectomy during pregnancy may be necessary in women who cannot tolerate thionamides because of allergy or agranulocytosis

285. Which heart condition is tolerable during pregnancy ?

a. Eisenmenger syndrome

b. Aortic stenosis

c. Severe mitral regurg

d. Dilated cardiomyopathy with EF 20%

e. Mitral stenosis and the mitral area is 1 cm.

my answer is b but I think the correct is c

Note : well tolerated heart diseases during pregnancy :

1. Mitral regurgitation unless the regurgitation is severe.
2. Aortic regurgitation
3. Tricuspid regurgitation
4. Women with biologic prosthetic heart valves who are hemodynamically stable
5. hypertrophic cardiomyopathy

286. A pregnant lady, 8 weeks gestation, came with Hx of bleeding for the last 12 hours with lower abdominal pain & she passed tissue. O/E the internal os was 1cm dilated. The diagnosis is:

- a) Complete abortion
- b) Incomplete abortion**
- c) Missed abortion
- d) Molar pregnancy
- e) Threatened abortion

287. A 34 year old lady presented with pelvic pain and uterus was of normal size & retroverted. She had multiple small tender nodules palpable in the uterosacral ligament. The most likely diagnosis is:

- a) Fibroid
- b) Endometriosis (true)**
- c) Adenomyosis
- d) PID

288. similar case about endometriosis ; the best way to investigate ?

- a-US
- b-repeated BHCG
- c-laparoscopy (my answer)**
- d- hysteroscopy

289. female about 30y c/o abdominal pain related to menses (scenario going with endometriosis), next step in dx:

- a) Laparoscopy**
- b) U/S
- c) CT

290. there is outbreak of diphtheria and tetanus in community , regarding to pregnant woman:

- a. contraindication to give DT vaccine
- b. if exposed , terminate pregnancy immediately
- c. if exposed , terminate after 72 hour
- d. give DT vaccine anyway

b. endometriosis

d-3rd

Note : They recommended that delivery of a pregnancy with uncomplicated placenta previa should be accomplished at 36 to 37 weeks, without documentation of fetal lung maturity by amniocentesis. The rationale behind this recommendation was that the risks of continuing the pregnancy (hemorrhage, unscheduled delivery) were greater than the risks of complications from prematurity.

294. medication induce ovulation:

- a- **clomphine citrate**
- b- Doxycycline
- c- Azithromycine
- d- Metroniadizole

**295. Cervicitis + strawberry cervix + mucopureInt yellow discharge
Cervix eroded + friable DX :**

- a- **Trachimonus vaginitis**
- b- Chlamydia
- c- Nesseria gonnerhia

Note : some infectious causes of ectocervicitis and are some key clues

Trichomonas:	strawberry cervix (small petechiae to large punctuate hemorrhages on the ectocervix)
HSV	ulcerative and hemorrhagic lesions/vesicles during the primary infection
HPV	genital warts, cervical dysplasia on Pap smear

**296. case cord like cheesy white adherent odour less vagina after use
of antibiotic DX:**

- a- **Candidiasis**

297. case of nesseria gonnerha , the beast TTT ?

- a- Peniciline G /
- b- **Ceftriaxone**

**298. female young with dew tear vesicles on rose red base and painful
on vulva ?**

- a- Syphilis
- b- **HSV**
- c- Chancroid

**299. PTS come with history infertility complaining of decrease period
acne,hirstusim diagnosis is :**

- a- **PCOD**

300. PTS with history of infertility the first line of investigation for this couple is:

a- semen analysis

301. PTS come with history of infertility of 6 months unprotective Intercourse:

a- you must complete 12 months of unprotective intercourse

302. 52 year old woman complaint of hot flushes, dry vagina loss of libido , loss of concentration , wt gain since hot flush , affect marital state:

a- estrogen

b- progesterone /

c- fluxatine ??????

Note : For postmenopausal women with moderate-to-severe vasomotor symptoms (and no history of breast cancer or cardiovascular disease), we suggest short-term estrogen therapy as the treatment of choice

303. Female with dysuria on examination there is epithelial cell:

a- chlymdia urethritis

304. When the spinal length stop after menarche:

a- 1 yr

b- 2 yrs

c- 6 months ???

305. Female take OCPs come with skin changes on the face:

a- lupus lipura

b- melasma << this is false

Note : Chloasma or melasma (“mask of pregnancy,” hyperpigmentation of the face), Angioedema and SLE may get worse with OCP

306. Female pregnant 34w gestation complain from bleeding heavier than normal period O/E US show per placental lucency ,placenta implant normally post. In the fundus , uterine contraction every 4 minute,CX 3cm, fetal HR170 what is your action:

a- CS

307. Which IS considered abnormal & indicate fetal distress:

A- Late deceleration

308. Pregnant in 5 month gestation &on iron supplementation since that time &now com with dyspnea ,weakness &easy fatigability lap shows mcv 60, Hb 7.5, RBCs 5.2, DX:

a- thalasemia B

b- Iron Deficiency Anemia.

Note : both of them has low mcv and Hb.

in thalassemia RBCs count normal or high in beta thalassemia trait (relative polycythemia) and high hematocrit and RDW is normal and serum iron and ferretine are normal or high.

in iron deficiency anemia the RBCs count will decrease and RDW is increased and low levels of serum iron and ferritin and increased levels of transferri

309. During the third trimester of pregnancy , all of the following changes occur normally except:

a) Decrease paco₂

b) Decrease in wbcs

c) Reduced gastric emptying

d) rate Diminished residual

e) lung volume Diminished

f) pelvic ligament tension

g) Pregnancy in the final month and labor may be associated with increased WBC levels.

310. all true about engagement except:

a) 2/5 fetus felt in the abdomen

b) Head reach the ischeal spine

c) Biparital diameter pass the pelvic inlet

d) Crowing is present

311. A diabetic pregnant with HX of fetal demise .. now is having a fetus who is healthy and her DM is very well controlled .. you will allow her for:

- a) C/S at 38 weeks
- b) induction at 36 weeks
- c) allow SVD

311. hepatitis can be confirmed in pregnant lady by elevation of :

- a) ESR
- b) ALP
- c) WB
- d) SGOT (AST)

Note : ALT (SGPT)

312. Pt had spontaneous abortion what is the correct answer ?

- a) Must do cervical exam to confirm .
- b) common cause of infertility .
- c) occur mostly in 2nd trimester

313. Which of the following is true regarding antepartum (third trimester) hemorrhage :

- a- Can be caused by polyhydramnios
- b- Rare to be associated with hypofibrinogenemia
- c- Cervical problems are a major cause

314. 38 yrs old female ... came to you at your office and her pap smear report was unsatisfactory for evaluation the best action is:

- a- consider it normal & D/C the pt.
- b- Repeat it immediately
- c- Repeat it as soon as possible
- d- Repeat it after 6 months if considered low risk
- e- Repeat it after 1 year if no risk

315. A placenta that's positioned on the antero-lateral wall of the uterus, can't be reached by finger through cervical examination:

- a- Low lying placenta
- b- Normal lying placenta
- c- Marginal placenta previa
- d- Partial placenta previa

316. Pt G3 P3 all her deliveries were normal except after the second one she did D&C, All of the examination normal even the uterus, labs all normal except : high FSH, high LH, low estrogen DX :

a- Asherman syndrome

b- Ovarian failure

c- Turner syndrome

Note : Turner syndrome has Primary ovarian failure

317. a 38 yrs old female ... came to you at your office and her pap smear report was unsatisfactory for evaluation .. the best action is:

a- consider it normal & D/C the pt.

b- Repeat it immediately

c- Repeat it as soon as possible

d- Repeat it after 6 months if considered low risk

e- Repeat it after 1 year if no risk

318. female c/o colorless itching vagina , her partner c/p urethral disch. . Cervical examination : shows strawberry spots:

a- meconazole cream

b- estrogen cream

c- progesteron cream douch

Note : Trichomonas trated with metronidazole

319. A 54 YO female with chronic pelvic pain is found to have a right sided ovarian mass. After the initial evaluation, surgery is planned to remove the mass. To avoid excessive bleeding during the surgery , the surgeon should ligate which of the following structures?

A) Round ligament

B) Suspensory ligament

C) Ovarian ligament

D) Transverse Cervical ligament

E) Mesosalpinx

320. pregnant has glucosuria also by GTT confirmed that she has gestational diabetes what u shold do:

a- repeat GTT?

b- Take a1c hemoglobin

c- take fasting blood glucose

321. newly married woman complain of no pregnancy for 3 month

With unprotective sexual intercourse: ?

322. what is the dangerous symptom during pregnancy?

a- Vaginal bleeding

b- Contractions

323. Secondary dysmenorrhea is:

a) due to anovulation.

b) due to gonadal agenesis

c) always pathological

324. Female with dysurea, urgency and small amount of urine passed .. she received several courses of AB over the last months but no improvement .. all investigations done urine analysis and culture with CBC are normal .. you should consider:

a) interstitial cystitis

b) DM

c) Cervical erosion

d) Candida albicans

Note : In 20% of cystitis recur

325. chylmedia non pregent treatment :

A. doxycylene

Note : Doxycycline, levofloxacin, ofloxacin, and erythromycin estolate are contraindicated in pregnancy and lactation . in pregnancy we use azithromycin or amoxicillin

326. Methylergovevine is # in:

B. Maternal HTN

Note : Contraindication of common uterotonics

- Methylergonovine (Methergine): preeclampsia, pregnancy-induced HTN or HTN
- Oxytocin (Pitocin): pulmonary edema
- Carboprost (Hemabate): asthma

327. OCP that causes hyperkalemia:

A. Estradiol p...

328. Female with dysurea and cervical motion tenderness:

a) Cervicitis

b) PID

c) Cystitis

d) Pyelonephritis

329. best indicator for labor progress is :

a. frequency of contractions

b. strength of contractions

c. descent of the presenting part

330. Before vaginal delivery, obstetrician should rule out:

a. cord prolapsed

b. cephalopelvic disproportion

331. P3 with hx of D,C after 2nd delivery complaining now of amenorrhea with high(FSH,LH) low estrogen..DX

- a. turner syndrome
- b. asherman syndrome
- c. ovarin failure**

332. female with inflammatory acne not responding to doxycycline and topical vitA .want to use oral vit A what you should tell her

a- It cause birth defect

Note : "Use of vitamin, mineral, or herbal supplements — consumption of vitamin supplements containing high doses of vitamin A (greater than 10,000 international units per day [1 IU = 0.3 mcg retinol equivalents]) appears to be teratogenic and should be avoided ; however, high vitamin A intake from excessive consumption of liver (>100 g per week) potentially may also be harmful ."
Uptodate 19

333. pt. with PID there is lower abd. tenderness.. on pevic exam there is small mass in xxxxxx ligamente.. Rx :

a-colpotomy

b-laprotomy

c-laproscopy

334. pregnant women in labor, suffer from severe pain, dilated cervix, all the manifestation within normal, the type of analgesia?

- D. epidural**
- E. spinal
- F. general

335. pregnant lady 16 weeks GA, complaining of vaginal bleeding „la la la...in the question mentioned (snowstorm) Dx?

- C. complete haydatifom mole**
- D. partial mole

336. Pregnant w s/s of hyperthyroidism best treatment :

B. Propylthiouracil

337.Q about secondary dysmenorrhea & 2nd amenorrhea :I'm confused btw choices & forget sorry, but I think my ans in one of them is

B. Sheehan's syndrome

338. mechanism of bloody vaginal discharge :

C. menstruation.

D. mischarge

339. case scenario ... young female abd & back pain every month, headache & I think fatigue (unspecific symptoms) all s/s started from years w menstrual cycle & progressively worse :

B. premenstrual syndrome

340. case scenario ... old pt female came with osteoporotic thoracic #, T & Z score of spine & what is classification depend on WHO :

E. osteoporosis.

F. osteopenia.

G. severe osteopenia.

H. established osteoporosis.

Note:

T-score between +1.0 and -1.0 normal

T-score between -1.0 and -2.5 osteopenia

T-score less than -2.5 osteoporosis

341. case scenario ... pt in labor, baby in late deceleration, what u will do in this case :

C. change position & give O2.

D. give Mg sulfate

342. case scenario ... pregnant, exposed to trauma, gush of blood from the vagina ... what is the Dx :

D. Abrupto placenta.

E. placenta previa.

F. uterine contusion.

343. case scenario ... pregnant in 9th month, c/o small amount of brown dark blood w no abd pain :

C. Abrupto placenta.

D. placenta previa.

344. Q about pt has irregular cycle and low estrogen level he ask how can low estrogen cause endometrial proliferation and save the bone density???

C. Amenorrhea and osteoporosis

D. Galactorrhea and osteoporosis

345. Female about 50 doing regular exercise and in good health screening show mild degree of osteoporosis and her mother fall and get fracture of wrist what will you advise her:

C. wear safety device and training exercise

D. ca ,vit D and biphosphate

346. Pt presented with dysmenorrhea, dyspareunia pelvic Ex reveal retroverted uterus with mild tenderness dx

C. endometriosis

D. endometrial leiomyoma

347. cause of bleeding after D& C is

E. asherman syndrome

F. missed disease

G. Perforated uterus

H. infection

348. Pregnant lady , 34 wk GA , presented with vaginal bleeding more than her menstruation. On examination , cervix is dilated 3 cm with bulging of the membrane, fetal heart rate = 170 bpm . The fetus lies transverse with back facing down . us done and shows that placenta is attached to posterior fundus and sonotranulence behind placenta. Your management is :

E. C/S

F. Oxytocin

G. Tocolytics

H. Amniotomy

349. Female with greenish vaginal discharge, red cervix. under the microscope it was a protozoa..Dx:

B. Trchimoniosis

350. A question for clomiphene citrate:

B. induce ovulation

351. prenatal mortality mean :

D. number of still birth <20 week gestational age.

E. number of stillbirth + first week neonate.

F. numer of deaths /1000.

352. secondary amenorrhea:

D. due to gonadal agenesis

E. sheehan's syndrome

F. It is always pathological

353. a female patient , with herpes in vagina , what is ture :

C. pap smear every 3 year

D. CS delivery if infection in 2 weeks befor delivery

354. white bleeding per vagina with itching ttt

B. nystatin

355. graph about female young with 32 kg m²

356. young with anovulation , hirsutism , dx

B. PCOS

357. chromose in polycystic ovary

358. dx for PCOD

359. female with hirsutism , normal estrogen and abnormal FSH and LH , dx

Note:

hirsutism &/or Virilization, anovulation, amenorrhea, insulin resistance with hyperglycemia, and obesity may be present

↑ LH/FSH ratio (>3:1 is diagnostic)

360. abdominal pain for 6-months related to menses , 2-3 days after starting the menses and is known as worsen , dx :

361. female with dysfunctional vaginal bleeding , best ttt

B. OCPs

362. Pathology in HSP:

B. arteriole venule capillary

363. wt is non-hormonal drug use to decrease hot flush in postmenopausal women:

B. Paroxetine

364. adolescent female till about the spinal cord will stop after menarche by

C. 24m

D. 38m

365. female with irregular cycle month and absent for two month with heavy bleeding:

E. metroohaia

F. menorrhage

G. menometroia

H. polymenorrhagia

366. Which of the following cause hirsutism :

e- Anorexia

f- Digitalis

g- clomiphene citrate

h- OCP

Note:

drug-induced hirsutism

minoxidil

cyclosporin

phenytoin

367. female her height is 10th percentile of population , what u will tell her about when spinal length completed ,after menarche ?

e- 6m

f- 12 m

g- 24 m

h- 36 m

368. female middle age with multiple sclerosis , complaining of urinary incontinence and he mention in the question that in some time she did not feel it :

- E. Reflex incontinence
- F. stress incontinence
- G. overflow incontinence**
- H. urge incontinence

369. female having vaginal discharge white and microscopically revels psudohyphe what is the best drug ?

- A. Metronadazole**

370. 19yrs old female having an infant 4mon old and does not want to become pregnant soon ,she is breast feeding him and pregnancy test b-hcg was negative?

- B. reassure and ask for her contraceptive counseldation .(I hope it is the correct answer)**

371. in female the N-Gonnorea in which part of the reproductive system ?

- B. -the cervix**

372. which of the fowling indicate progress of labor ?

- D. frequency of the contraction
- E. strength of the contraction
- F. descent of the presenting part**

373. Gonorrhea affect :

- E. Cervix**
- F. urethra
- G. rectum
- H. post fornix

274. pt with hirsuitism , obese , x-ray showed ovary cyst best ttt:

- B. Clomid**

375. pregnant with asymptomatic hyperthyroidism ttt is:

C. b blocker

D. propylthiouracil

376. scenario about ectopic pregnancy B-HCG is 5000 and hemodynamically is stable ttt is :

E. observation

F. medical.

G. laparoscopy

H. laparotomy.

377. most accurate to determine gestational age:

C. US

D. LMP

378. dysfunctional uterine bleeding :

C. most common in postmenopausal women

D. adolescent

379.The coz of high mortality in pregnant female !:

D. Sphillis

E. Toxoplasmosis

F. Phenocchromctoma

380. Mallory-Weiss Tear

C. common in pregnancy

381.ectopic pregnancy

382. read about the screening of cervical cancer

383. Young female with whitish grey vaginal discharge KOH test and has smell fish like diagnosis is -

- a. Gonorrhea
- b. Bacterial Vaginosis**
- c. Trichomonous Vaginalis

384. prenatal mortality mean:

a-number of still birth < 20 WEEK gestational age

b- number of still birth + first week neonate

c-number of deaths / 1000

Note: The World Health Organization defines perinatal mortality as the "number of stillbirths and deaths in the first week of life per 1,000 live births"

385. best management in Eclampsia pt:

- a- Hydralazine
- b- magnesium sulphate**
- c- other drugs

386. pregnant lady develop HTN , drug of choice of HTN in pregnancy is ?

- a- methyldopa**
- b- Hydralazine
- c- thiazide
- d- b-blocker

387. pregnant lady drink alcohol , what u will tell her ?

- a- Can cause fetal alcohol syndrome which include " mental retardation , hyperactivity , abnormal facial feature**
- b- just tell her to decrease the amount
- c- no effect of alcohol on baby

388. at term of pregnancy which of the following change ?

- a- Tidal volume
- b- total lung capacity

389. pregnant lady healthy except swelling lip with bleeding “I think from lips ” what is it ?

- a- ITP
- b- tumor

390. A clear case of primary dysmenorrhea (19 y-o female presented with pain) :

391. Patient with amenorrhea for 2 month , on exam there is tender pelvic, prolactin was normal ,, what it is the most appropriate invest ?

a- US ?

392. Pt . 32y- have 2 children ,done a pap smear that showed atypical Squamous cell , what it is the next step:

- a- Hysterectomy
- b- repeat after 1y 6 months**
- c- loop elec
- d- colposcopy

393. A pregnant lady came to you to in second trimester asking to do screening to detect down syndrome, what is the best method:

- a. Triple screening(I think true)
- b. amniocentesis/

394. most common cause of female precocious puberty?

- a. Idiopathic Female puberty 6-12 months earlier to male
- b. 2-3 years before male
- c. same age of puberty
- d. male earlier than female

395. estrogen containing pills associated with ?

- a- breast ca,
- b- endometrial ca,
- c- ovarian ca,
- d- thrombophlebitis.

396. pregnant want to take antibiotic ,not known to sensitive to any drug , which antibiotic safe to given to pregnant?

397. postmenopausal women at high risk of:

- a- osteoporosis

398. 2 months amenorrhea refuse examination because she is tense and anxious what will do for her :

- a- FSH and LH

- b- US pelvis

399. pregnant I forget GA but in second trimester with uterine fibroid come with abd. Pain what will do for her :

- a- myomectomy,
- b- drugs,
- c- terminate pregnancy

400. Long scenario for a lady suffer from vulvar itching .. remember that there's "bubles" in the scenario .. what's the dx:

a. Lichen simplex chronicus

401. Question about sponteneuos abortion :

a- 30-40% of pregnancies end with miscarriage

b- Most of them happen in the second trimaster

c- Cervical assessment must be done

402. What's the most common area in women gonorrhea affects ?

a. Cevix

b. Urethra

c. Poterior fornix of vagina

403. drug useful for patient with idiopathic anovulation :

a- clomiphene

404. old aged female with atypical squamous cells of undetermined significance (ASCUS) on pap smear, started 30 day ttt with estrogen & told her to come back after 1 weak, & still +ve again on pap smear, what's next:

a- vaginal biopsy

b- endometrial biopsy

c- syphilis serology

405. 16 y\o old female with primary amenorrhea, scattered pubic and axillary hair but proper breast development diagnosis:
a- Complete androgen insensitivity

406. The cause of high mortality in pregnant female !:
a- Syphilis
b- Toxoplasmosis
c- Pheochromocytoma

407. female has primary amenorrhea , webbed neck , low hair line
a- Turner

408. antero-lateral placenta , term pregnancy , can't be felt when examiner admit his finger through the Cervix :
a-Low set placenta
b-Marginal
c-normal
d-complete placenta previa

409. infertile women for 3 years with dyspareunia
a- endometritis
b- Salpingitis
c-endometriosis

410. OCP protective Against :
a- Breast ca
b- Ovarian Ca
c- endometrial

411. lactating mom recently dx to have epilepsy on Phenobarbital , her child is 10 months now , what's appropriate to tell her

- a- stop immediately
- b- wean him for 2 weeks
- c- give after 8 hrs. of BF as much the baby and mother want

412. Which drug contraindication in pregnant women in UTI :

- a- Fluorquinolone

413. Pregnancy 36 w her blood pressure 140/90 , no lower limb edema first thing :

- a- Repeat measure of blood pressure
- b- C\&s
- c- give anti hypertension medication

414. breast feeding contraindication in;

- a- TB for 3 month
- b- Asymptomatic HIV

415. Newly married woman complain of no pregnancy for 3 month with Un protective sexual intercourse : Your management

- a- Try more

Note : at least 12 month

416. a placenta that is anterior and close to OS but can't be reached by examiner is :

- a. low lying previa
- b. marginal --- mostly
- c. total
- d. partial

417. Lady with 2 day hx of fever , lower abd. and suprapubic tenderness , vaginal discharge & tenderness Dx:

- a. acute salpingitis -- true
- b. chronic salpingitis
- c. acute appendicitis

418. Female with dysuria on examination there is epithelial cell

- a. chlamydia urethritis

419. Fibroid :

- C. regress after pregnancy

420. Ttt for menopausal women ,c/o bleeding , not ass with intercourse:

- D. -estrogen
- E. -progesterone -- true

421. FEMALE , analysis of urine test ,epithelial cells :indicate

- a. vulvar contamination --- mostly
- b. cervical tear
- c. renal stone

422. Patient had unprotected coitus presented with joint pain culture showed Diplococcus:

- A- Gonorrhea arthritis --- true
- B- Non gonorrhea arthritis
- C- RA

423. Female with discharge microscopy showed clue cell + KOH test

A- Bacterial vaginosis

424. Treatment of Acne Vulgares is :

A- topical tretinoin and clindamycin -- true

B- or erythro and sys tetracycline

C- or erythromycin and syst Isotretinoin.

425. Patient pregnant in her 8th month had vaginal bleeding .past history of hypertention Come now with abdominal pain dx

a- Placenta previa

b- Ectopic pregnancy

c- Abruptio placenta(my answer) -- true

426. patient complain of irregular periodand excessive fasial hair .her mother had the same. BMI 36 normal estrogen increase testerone increase LH and decreased FSH,and her urine shows 17 hydroxysteroid Dx :

a- Chushing

b- Polycystic ovary -- very very possible

c- Adrenal adenoma(the correct answer)

427. child with vaginal discharge green .. Bad odor , pelvic exam normal

a- Foreign body

b- Trichomonas -- true

428. antero- latral located placenta not palpated by pv

a- Marginal

b- Low lying

c- Normal lying

d- Partial low lying

429. pregnant 38 gestation bp 140/90

- A- Cs
- B- Induction
- C- Observe bp reading --- mostly
- D- Give anti hypertensive

430. mechanism of OCP

a- Inhibit estrogen spur in mid .. & ovulation

431. pregnant lady with low back pain .. All gynecologic causes ruled out what to give :

- a-Paracetamol -- true
- b-Profen

432. female has primary amonarhea , webbed neck , low hair line

a- Turner =

433. anterio lateral placenta , term pregnancy , can't be felt when examiner admit his finger through the Cervix :

- a- Low set placenta
- b- Marginal
- c- Normal
- d- complete placenta previa

434. infertile women for 3 years with dyspareunia

- a- endometritis
- b- Salpengitis
- c- endometriosis -- (True)**

435. OCP protective Against

- a- Breast ca
- b- Ovarian Ca --- true**
- c- endometrial

436. lactating mom recently dx to have epilepsy on Phenobarbital , her child is 10 months now , what is appropriate to tell her

- a- stop immediately -- true
- b- wean him for 2 weeks
- c- give after 8 hrs of
- d- BF as much the baby and mother want

437. Young female , with typical feature of polycystic ovary syndrome, want to get pregnant , what to do:

- a. Diagnose as PCO , and weight reduction.
- b. Diagnose as adrenal hyper function, and start suppression therapy (correct).-- true

438. Pregnant, 38 weekes, presented with abdominal pain and vaginal bleeding:

a- Abruptio placentea.

439. Pregnant full term , in delivery, 7 cm dilation, show late deceleration, what to do:

a- O2 and change position.

440. Post partum , bleeding for more that 2 hours, vitals non stable, what to do:

- a. Ergotamine.
- b. Blood and iv fluid. -- true
- c. A drug (I remember like oxytocin) + IVF

441. 32 Y/O female, c/o irregular cycle , sometimes every 2 month, and sometimes twice a month, with heavy bleeding when it comes, 15 bads in the day:

- a. Menorrhagia.
- b. Polymenorrhea.
- c. Hypomenorrha.
- d. Metrorrhagia --- possible
- e. Menometrorrhagia.--- mostly

442. Your female , c/o of very fast period , twice a month:

- a. Polymenorrha. -- mostly**
- b. Hypomenorrhe.
- c. Olgomeorrhea.

443. 38 y/o pregnant, 8 weekes, want non invasive screening:

- a. Amniocentesis.
- b. 1st trimester screening.
- c. 2nd trimester screening.

444. A question about the method of taking pap smear !!

- a. Vaginal sample.
- b. 3 samples.**
- c. 1 sample from os.
- d. 1 sample from endocervics.

445. Lactating mother, given phenoparpitone for epilepsy, what to do:

- a. Stop lactating. -- true**
- b. Lactation after 8 hours of medication.
- c. Continue.

446. Female patient did urine analysis shows epithelial cells in urine, it comes from:

- a. Vulva
- b. Cervix
- c. Urethra -- true**
- d. Uerteral stone.

447. Newly married woman complain of no pregnancy for 3 month with unprotected sexual intercourse :

- a-Try more (infertility is defined as no pregnancy for one year)**

448. Most common cause of maternal mortality from the following:

- a. Syphilis.
- b. Herpes.
- c. CMV.
- d. Toxoplasmosis. -- true

449. which drug should be avoided in pregnancy (I think Pt have UTI)

- a- Amoxicillin
- b- Cephalosporin
- c- I forget it something like nitro
- d- Quinolone -- true

450. most common cause of postpartum hemorrhage>>> I forget choices but I choose >>>

a- uterine atony

451. 30 year woman with dysmenorrhea, menorrhagia, infertility, and on examination found immobile mass on uterosacral ligaments

a. endometriosis

452. twins one male and other female . his father notice that female become puberty before male so what you say to father

- a. female enter puberty 1-2 year before male
- b. female enter puberty 2-3 year before male
- c. female enter puberty at the same age male

453. pregnant has glucosuria also by GTT confirmed that she has gestational diabetes what u should do

- a- repeat GTT
- b- Take a1c hemoglobin*
- c- take fasting blood glucose
- d- do insulin tolerance test

454. ibuprofen contraindication >>>

a. PUD

455. same q in alqasim about phenoparption during lactation

456. vaginal dryness>>

a. estrogen cream

457. which is true preiparuim>>

a. DVT

458. secondary amenorrhea

a-due to gonadal agenesis

b-sheehan's syndrome* --- true

c-It is always pathological

459. PT, with herpes in vagina , what is ture:

a-pap smear every 3 year

b-CS delivery if infection 2 weeks before delivery* --- true

460. 5 y/o girl , presented with sore throat, and serosangious vaginal discharge:

a. Foreign body.

b.Chalmydia.

c. Gonnorhea.

d. Streptococcus infection (correct). -- true

461. Most effective antibiotic to treat gonorrhea is :

a- Ceftriaxone --- true

b- Penicillin G.

c- Pipracilline.

d- Gentamycin.

e- Vancomycin

462. Pregnant lady 18 wks, her TFT showed : high TBG, high level of activated T4 , normal T4 and TSH . what is the most common cause of this result:

a- Pregnancy. --- true

b- Compensated euthyroidism.

c- Subacute thyroiditis.

463. Female with Hx of PID and treated with ABs she came later with fever and pain on examination there de sac !! - fluectuent (they mean abcess) in a cul was a mass, what is ur next step?

a. colpotomy

b. laparotomy

c. laparoscopy

d. Pelvic US -- true

464. 18weeks pregnant women her blood pressure was 160/..(high) a week after her BP was 150/..(high also) what is the Dx:

a) Gestation HTN --- mostly

b) Preeclampsia

465. 45yr old female G0P0not know to have any medical illness presented to ER with sever vaginal bleeding on examination there was blood in the vaginal os her Pulse was 90and BP 110/ 80and on standing her P: 100, BP :122/90 How to manage :

a) 2units of blood -- true

b) US ..

466. year female has atypical squamous cells of undetermined significance on pap smear, past hx reveald 3 -ve smears, last one was 7 years ago she also give hx of vaginal wart, next step is:

a. colposcopy --- true

b. hystrectomy

c. follow up after 1 year

d. excision by

467. 38 week pregnant lady came to ER in labor, cervix 4.5 cm dilated, marginal placenta previa. Management:

a. Wait and evaluate fetus

b. SVD --- true

c. C/S

d. Forceps

e. Rupture membrane

468. 50 y/o female, operated for ovarian cancer, come to clinic for follow up , abdominal x-ray show scissor, what to do:

a. Inform and refer to surgical.

b. Inform and tell her it will resolve alone.

c. Call attorney. --- true

d. Don't inform.

469. OCP increase risk of which of the following??

- a. Ovarian cancer
- b. Breast cancer
- c. Endometrial cancer --- true
- d. Thromboembolism

470. Female com with lump in breast which one of the following make you leave him without appointment

- a. Cystic lesion with serous fluid that not refill again??
- b. Blood on aspiration
- c. Solid
- d. Fibrocystic change on histological --- true

471. Which drug contraindication in pregnant women in uti:

a. quinolone

472. Pregnancy 36 w her blood pressure 140/90 , no lower limb edema first thing ::

a - Repeat measure of blood pressure -- mostly

b-cs

c-give anti hypertension medication

473. New married female has vaginal discharge colorless no odor no painful What is this discharge??

a. Normal after intercourse

474. increase alpha protine

- a. breech presentation
- b. Down syndrome(my ans)

475. pregnant never did check up before , her baby born with hepatosplenomegaly and jaundice :

a-Rubella

b-CMV(my ans)

c-HSV

d- Toxoplasmosis --- mostly

476. pregnant pt want to take varicella vaccine, what you will tell her

a. That is a live vaccine --- true

b. It is ok to take it

477. Female pt came to you post ovarian cancer surgery one month ago, you did X-Ray for her and you found metallic piece, what you will do ?

- a. Call the surgeon and ask him what to do
- b. Tell her and refer her to surgery
- c. Call attorney and ask about legal action --- true**
- d. Tell her that is one of possible complications of operation
- e. Don't tell her what you found

478. most common of bleeding on postmenopausal women

A-cervical polyp

B- uterine atony true 100 % - ---

479. there is outbreak of diphtheria and tetanus in community , regarding to pregnant woman:

- a. contraindication to give DT vaccine
- b. if exposed , terminate pregnancy immediately

480. Old female with itching of vulva , by examination there is pale and thin vagina , no discharge . what is management

a. Estrogen cream

481. pt is pregnant in 6 m brought to u with severe abd. Pain, in US u find a live fetus with fibroid, what will u do;

a- pain management -- mostly

- b- Myomectomy
- c- Hysterectomy
- d- Pregnancy termination

482. pt with DM that is controlled, want to be pregnant what u have to advise her about DM

a- to be controlled prior to conception --- true

- b- in 1st trimester
- c- in 2nd trimester
- d- in 3rd trimester

483. pt with preeclampsia what is true

a- DM is risk factor

b- present with headache and seizure

c- mostly and rapidly become eclampsia

d- come with multigravida rather than paragravida. -- true

484. female pt, pregnant in 38 wk , come with bleeding and abdominal pain , what is the Dx ?

a- placenta abruption -- true

b- placenta previa

c- fibroid

d- I forgot

485. pt obese, hirsutism, insulin resistant, skin hyperpigmentation, US showed small multiple polycystic ovary;

a- Klinefelter syndrome

b- Kallman syndrome

c- Stein-Leventhal syndrome n--- true

486. drug useful for pts with idiopathic anovulation:

a- clomiphene

487. OCP cause hyperkalemia:

a. Drospirenone

488. Lactating women with mastitis:

- a. Continue lactation
- b. Clean with alcohol -- mostly
- c. Surgical drainage

**489. Women with IDDM advised to make schedule for glucose level
FBG: 283 after lunch: 95 3pm: 184**

- a. Increase short acting insulin dose
- b. Decrease short acting insulin dose
- c. Increase long acting insulin dose -- true
- d. Decrease long acting insulin dose

490. Women with mild preeclampsia :

- a. Monitoring --- true
- b. Labetlol
- c. Diuretic

491. Old female ,fear from disk compression and fracture :

- a. vitd,calcium --- mostly true
- b. wt. reduction
- c. progesterone

492. Exercise recommended for osteoporosis pt.

**493. pregnant with attached lab results of Thyroid Func test reveals
(normal TSH , High T4,High TGB) interpretation ?**

- a. normal with pregnancy (my answer)--- true
- b. compensated Euthyroid
- c. toxic T3

495. pregnant in 35 week with mild preeclampsia, presented with BP 150/95 and edema in lower and upper limbs, how to manage?

a-diuretics

b-immediate delivery

c-maternal and fetal evaluation and hospitalization (correct) -- true

496. well tolerated in pregnancy:

a. mitral regurg

497. best place to find gonococcal in females:

a. urethra

b. rectum

c. cervix --- true

d. posterior fornix of vagina

e. pharynx

ORTHOPEDIC SECTION

1. patient came with osteoporotic thoracic vertebral fracture t score for vertebra -2.6 z score :

- a. the hip -1.6 and z score 0.9
- b. osteoporosis
- c. established osteoporosis(my answer)
- d. normal bone mass

2. an Old man , not known to have any medical illness who presented with mid back pain , he's taking only aspirin , Ca, multivitamines. He's not taking dairy products and on examination he have tenderness in the mid back with mild kyphosis! and X-ray show compression Fracture in the vertebra in, levels what is your Dx??

- a. Osteopenia
- b. Osteoporosis
- c. Osteomalacia

3. spiral fraction in child :

- a. open reduction and interna fixation.

4. Pt with osteopnia in femure with increase serum alkaline phosphatase , normal serum calcium, normal phosphate ,normal vit D, he is treated with :

- a. estrogen receptor modulator
- b. calcium regulator
- c. bisphosphonate

5. Pt came with deep injury on the wrist site, the nerve that has high risk to be injured will manifest as?

- a. Can not oppose thumb to the other finger?median nerve

6. test (face the wall and lie down) dignosis for :

- a. Sciliosis

7. T score of bone densometry = (-3,5) diagnosis is

- a. Osteoporosis

8. The useful exercise for osteoarthritis in old age to maintain muscle and bone:

a. Low resistance and high repetition weight training:

b. Conditioning and low repetition weight training

c. Walking and weight exercise

9. An elderly lady presented with Swilling knee pain bilaterally that increases with activity & decreases with no history of trauma .The most likely diagnosis is:

a. Osteoarthritis

10. An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:

a. Osteoporosis

b. Osteoarthritis

11. Football player injured in the lateral side of his LT knee, presented to you with sever knee pain, PE there is swelling in the medial aspect of the knee ,valgus test showed free mobility but lachman test and McMurray's test are negative . what's your diagnosis:

a. Lateral collateral ligament injury

b. Medial collateral ligament injury

c. Patellar fracture

d. Medial menisci injury

e. Lateral menisci injury

12. picture of pelvic x ray what is diagnosis ?

A- Normal

B- paget's disease

C- spondylitis

D- osteoporosis

13. TRUE about congenital hip dislocation :

a. Ortolani test

15. pt with scoliosis u will refer if degree more than :

a- 20

16. +ve lachman test indicate injury in:

a. ACL tear

b. PCL tear

c. meniscus tear

d. medial CL

e. lateralCL

Notes : WHO classification :

(Normal boneT-score greater than -1

OsteopeniaT-score between -1 and -2.5O

steoporosisT-score less than -2.5

Severe (established) osteoporosisT-score less than -2.5 and +1 osteopenic fracture

17. about shoulder that is Adducted and internally rotated (what is the mechanism of dislocation

a. Anterior subclavicular

b. Anterior

c. Posterior

18. Boy felt down on his elbow , x-ray :

a. Posterior fat pad (correct)

19. Non medical TTT of osteoarthritis:

a. Muscle excersie (correct).

b. Spine manuplation.

c. Analgesic cream local..

20. Most common cause of non traumatic fracture in osteoporosis:

a. Verterbral fracture.

21. Patient after accident, the left rib cage move inward during inspiration and outward during expiration:

a. Flial chest.

22- The useful exercise for osteoarthritis in old age:

a. to maintain muscle and bone Low resistance and high repetition weight training

23. pt fall down on fully extended hand what is the fracture :

a. colle's fracture

24. exogenous factor for osteoporosis :

a. Alcohol

b. Smoking

c. Drugs.

25- best exercise for increase muscle strength and bone density

a. Weight and resistance training

26- clavicular fracture in newborns?

conservative

27- 1st step in Mx of traumatic patient :

a. air way sure

28- AVN treatment in child :

total hip replacement

29- stress fracture :

a. VD supplementation

30- female pt , with RTA ,she has bilateral femur fracture >>>like this scenarion , systolic blood pressure 70 >>>what will you do:

a-iv fluid

b- blood transfusion*

31- Patient with disc prolaps will have:

a- Loss of ankle jerk

b- Fasciculation of posterior calf muscles.

c- Loss of Dorsiflexion compartment of the foot.

d- Loss of the sensation of the groin and anterior aspect of the thigh.

32. old pt c/o bilateral knee pain with mild joint enlargement ESR and CRP normal dx

a. Osteoarthritis

33. Most common organism causing cellulitis in the age 6-24 month

A. Strepto coccus

B. Heamophilus influ

C. Staph

34-diagram about osteoporosis shows that from age 70-74 10% has osteoporosis, from age 75-79 40% has osteoporosis, age above 80 70% has osteoporosis, which is true:

a. Women over 80 y has the highest risk for the osteoporosis(my ans)

b. Women from age 70-74 , 10% will develop osteoporosis

35-pt with tingling of the little finger, atrophy of the hypothenar, limitation of the neck movement, X-ray shows degenerative cervicitis, EMG study shows ulnar nerve compression, what will you do:

- a. Surgical cubital decompression(my ans)**
- b. Cervical CT scan
- c. Ns ad
- d. Phisotherapy

36-If we draw a line through the the long axis of the radius it will pass through the capitalum

- a. Anterior pad signs

b. Posterior pad signs(sure)

37-Pt with scoliosis, you need to refer him to the ortho when the degree is:

- a. 5
- b. 10
- c. 15
- d. 20(my ans)**

38. newborn with fracture mid clavicle what is true:

- a. Most cases cause serious complication.
- b. Arm sling or figure 8 sling used.**
- c. Most patient heal without complications.

39. ORTHOPEDIC : child came without Toeing-In , set in W shape , this ""what the Dx :

- a- metatarsus adductus
- b- femoral anteversion (femoral torsion)**

40 – posterior hip fracture , to which site rotated ? :

- a. Internal rotation**

41 – fracture of humerus related to which nerve injury

a. Radial nerve (up to 18 % !)

42- patient with epilepsy came with Lt shoulder pain , on examination flattene contour of the shoulder , fixed adduction with internal rotation .. ur DX ???

f- Inferior dislocation

g- subacromal posteroir Dislocation

h- subglenoid ant dislocation

i- subclavicle ant dislocation

j- sub..... ant dislocation

43-Lacman test is used for Testing of what ligment :

a. ACL

44- fall downen on out streach hand

a. colle's or smith fracture

45- Abnormal radiological sign in lateral x ray of elbow after falling -

a. Posterior pad sign

46- old female (ostoprosis), Fear from desk compression best treatment:

a- Decrease the weight

b-Take vitamin d and calcium (my answer)

47- Osteoporosis depend on :

a- age (my answer)

b- stage

c- Gender

48. Olecranon Bursitis of the elbow joint caused by:

a) repeated elbow trauma

b) Autoimmune disease

d) rupture of bursa

49. Athlete man came complain of pain in foot while walking on examination there is tenderness in planter of foot what is DX:

a. Planter faciitis

b. Halux vagus

c. Hallux rigidus

50. patient complain of left elbow pain and he is hammer user ?

old patient C/o stiffness in knee and bilateral enlargement in knee -30 ?

51. pat. Complain of occipital & neck pain DX:

a. Occipital Neuralgia

53. typical case on ankylosing spondylitis ask about Rx: .?

54. boutonniere deformity: ?

55. A 42 year old man with cushing syndrome and had a fracture .. you should investigate

a) osteomyelitis

b) osteoarthritis

c) osteoporosis

56. computer programmer presented with wrist pain and +ve tinnel test. The splint should be applies in:

a) dorsiflexion position

b) palmarflexion position

c) extension position

57. Old pt complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray of spondyloarthropathy best effective ttt:

a) Physiotherapy

b) NSAID

c) Surgery

58. Pt with bilateral knee pain without signs of inflammation:

a) RA

b) OA

c) Septic arthritis

59. pt with recurrent gout what you will give him

a- Allopurinol

b- Prbencide

60. a man who is having a severe pain on his big toe with knee pain and examination revealed negative perferingent crystals:

a) uric acid deposit secondary to synovial fluid over saturation

b) Ca pyrophosphate secondary to synovial fluid over saturation

61. In patient with rheumatoid arthritis:

a. cold application over joint is good

b. exercise will decrease postinflammatory contractures

62. mechanism of destruction of joint in RA :

A. swelling of synovial fluid

B – anti inflammatory cytokines attacking the joint

C-

63. child with inferior thigh swelling and pain but with normal movement of knee , no effusion on knee what the important thing to do :

A_blood culture

b-ESR

c_ASOTiter

d-aspirate from knee joint

d-plain film on thigh

64. posterior hip dislocation :

a. flexion , adduction

b. flexion abduction

c. extension, adduction

65. 30 age women with sharp pain in the index finger , increase with the use of scissors or nail cut which cause sharp pain at the base of the finger in metacarpophalangeal joint and the finger become directed downward in (mean flexed DIPj) and cause pain when try to extend the finger..

- a. trigger finger
- b. tendon nodule
- c. Dupuytren's contracture
- d. mallet finger**

66. Old pt with knee pain increase with walking , crepitus and stiffness for several hrs on waking Dx?

a) Osteoarthritis

b) Rheumatoid arthritis

67. Newborn with clavicle fx:

a) Mostly brachial injury occur

b) Mostly heal without complication

c) Occur in the premature infant commonly

68. Olecranon Bursitis of the elbow joint caused by:

a) repeated elbow trauma

b) Autoimmune disease

d) rupture of bursa

69. In 13 y – o – boy , having growth spurt , Dx tibial tubercle pain ??

a- osgood fracture

b- stress fracture

ENT Section

1. scenario of otosclerosis ?

Note : usually middle aged women, most commonly progressive conductive hearing loss, normal tympanic membrane, symptoms increase with pregnancy

2. the name of Questionnaire that differentiate between the primary and secondary apnea

Note: pworth questionnaire

3. most common cause of conductive hearing loss :

- a- Meniere disease
- b- acute otitis media**
- c- perforated tympanic membrane

Note : in the children the most common cause is acute otitis media , in adult is chronic otitis media i.e*perforated tympanic membrane*)

**4. 25 y/o presented with ear pain and hearing loss in the rt. ear ,, on exam there was ear drum swelling and obscured tympanic membrane with fluid behind the membrane
dx is??**

- a. otitis media**
- b. tympanic cellulitis
- c. Chondrodermatitis

5. Patient with greenish nasal discharge, was treated before with antibiotic but with no benefit. Management:

- a. Steroids
- b. antibiotic**

note: steroid can be used but the correct management is antibiotic after culture and sensitivity

6. The most cause of tinnitus:

- a. vitiligo
- b. Sensory neural deafness**
- c. acute otitis media
- d. noising induce tinnitus. (my answer)

7. Ménière's disease :

Note : is a disorder of the inner ear that can affect hearing and balance to a varying degree. It is characterized by episodes of vertigo, low pitched tinnitus, and hearing loss

*Fluctuating(recurrent), gradually progressive, unilateral (in one ear) or bilateral (in both ears) hearing loss, usually in lower frequencies.

*Unilateral or bilateral tinnitus.

*A sensation of fullness or pressure in one or both ears

8. Child with ear congested , opacity , recurrent URTI , o/e NEED adenectomy , beside adenectomy u must do:

- a. tonsillectomy**
- b. myringotomy
- c. grommet tube

Note: if there is fluid in middle ear do myringotomy

9. Indication for tonsillectomy is:

- a. Pharyngeal abscess
- b. Sleep apnea**
- c. Recurrent infection
- d. Asymmetric tonsillar hypertrophy

10. Most common cause of recurrent tonsillitis :

- a. Group B streptococcus**
- b. EBV
- c. Bacteroid
- d. Rhino virus
- e. Parainfluenza virus.

11. 60 y/o pt. presented with decrease vision bilt , specially to bright light on exam he was having cupping with wedge shaped opacities ... he is having??

- a. lens sublexation
- b. catract**
- c. open angle glaucoma

12. Patient come you find perforated tympanic membrane with foul withish discharge dX?

- A- Otoseclerosis
- B- Otitis externa
- C- Cholestitoma**

13. Patient with nose truma with pain ,x-ray shows undisplaced nasal fracture ,your management

- A- Refer to ENT surgon**
- B- Give analgesic
- C- Anterior nasal packing

14. child with ear pain red tympanic mem and -ve insulation test

- A- Acute otitis media TRUE**
- B- Secretory otitis media
- C- Chronic om

15. Young male, have seasonal sneezing, rhinorrhea, conjunctivitis, what to give:

- a- Antihistamine.**
- b- Decongestant.
- c- Local steroid.

Note : All answers are true . but the best answer here is antihistamines

16.treatment of otitis externa:

Note: Effective medications include ear drops containing antibiotics to fight infection, and corticosteroids to reduce itching and inflammation

***Removal of debris (wax, shed skin, and pus) from the ear canal**

***In painful cases a topical solution of antibiotics such as aminoglycoside**

17. treatment of otitis media

Note: Symptomatic : Oral and topical analgesics are effective to pain and Antibiotics : The first line antibiotic treatment, is amoxicillin. If there is resistance, then amoxicillin-clavulanate and Tympanostomy tube: In chronic cases with effusions, insertion of tympanostomy tube (also called a "grommet")

18- 25 y/o presented with ear pain and hearing loss in the rt. ear ,, on exam there was ear drum swelling and obscured tympanic membrane with fluid behind the membrane dx is??

- a- otitis media**
- b- tympanic cellulitis
- c- Chondrodermatitis

19-Drug induce urticarea

- a. Hydralizin**

20. Patient with sensinueral hearing loss and vertigo then develop numbness, MRI showed mass in cerrbellopontine :

- a. Acoustic neuroma**
- b. Meningioblastoma

21. Patient with earpain and congested nose O/E red tympanic membrane +ve insuflation reflex otometry showed peaked wave

- a. Antibiotic
- b. Myrigtomy for indication and diagnosis**

22. patient complaining of vertigo, vomiting ,nausea and hearing loss (sensorineural type), what is the diagnosis :

- a. Ménière's disease**
- b. osteosclerosing

23. Otitis media treated , resolved fever and pain. after 3weeks Pt. fluid in the middle ear without fever and pain. your came still there action

a- Steroid

b- Myringotomy

c- Antibiotics

24. most common (or first line..i don't remember) Ax for OM

a. amoxicillin

25. ear pain rupture of tempanic memb. Cloudy secretion TT

A. AB drop

B. systemic AB

C. corticosteroid

26. ear pain bulging of tempanic memb. With undemarcation of the eadg erythema behind it dx

A. OE

B. OM(otitis media)

C. T empanoc cellulitis

27. bad breath smell with seek like structure, no dental caries & Ix are normal, what's the likely cause:

A. cryptic tonsillitis

B. Sjogren syndrome

28. newborn presented with conjunctivitis and Otitis Media , what's the treatment :

Note:guess this is a case of infection with Chlamydia intrauterine , they asked about several ABx there is no doxycycline nor erythromycin) so Incomplete question

29. A 5 year old child came with earache on examination there is fluid in middle ear and adenoid hypertrophy. Beside adenoidectomy on management, which also you should do:

- a- Myringotomy
- b- Grommet tube insertion
- c- Mastoidectomy
- d- Tonsillectomy

Note: A myringotomy : is a surgical procedure in which a tiny incision is created in the eardrum to relieve pressure caused by excessive build-up of fluid or to drain pus from the middle ear.

30. question about serious otitis media :

31. question about otitis externa or media :

Note: tympanic membrane intact and discharge in auricle

32. child with ear pain red tympanic membrane and -ve insulation test :

- a- Acute otitis media TRUE
- b- Secretory otitis media
- c- Chronic OM

33. pt. with hoarseness of voice . Next step

- a- Indirect Laryngoscope

34. All cause ear pain except:

- a- Acute otitis media
- b- Dental caries marked by mistake , c is answer
- c- Vestibular neuritis (the answer)
- d- Temporomandibular joint arthritis

35. most common cause of conductive hearing loss :

a- acute otitis media

b- Meniere disease

c- perforated tympanic membrane

36. Patient come you find perforated tympanic membrane with foul whitish discharge dx?

a- Otosclerosis

b- Otitis externa

c- Cholesteatoma

37. Patient with nose trauma with pain ,x-ray shows un displaced nasal fracture, your management

a- Refer to ENT surgeon

b- Give analgesic

c- Anterior nasal packing

38. Long scenario , patient with greenish nasal discharge , sinus pressure last 4 month , He ttt with broad spectrum antibiotics with no response , (chronic sinusitis not response to antibiotics) , what is the management now ;

a-antihistamine

b-local decongestion

c-antibiotic

d- observation

39. Young patient with congested nose, sinus pressure, tenderness and green nasal discharge, has been treated three times with broad spectrum antibiotics previously, what is your action?

a) Give antibiotic

b) Nasal corticosteroid

c) Give anti histamine

d) Decongestant

40. Patient was presented by ear pain , red tympanic membrane, apparent vessels , with limited mobility of the tympanic membrane , what the most likely diagnosis :

A. Acute otitis media .

B. Tympanic cellulitis .

C. Mastoiditis .

41. 56 y old present with vasomotor rhinitis:

a) Local anti histamine

b) Local decongestion

c) Local steroid /

d) Systemic antibiotic .

42. Post partum female with recurrent attack of hearing loss , which diagnosed as conductive hearing loss , on CT the is dehesis in the of semi circular canal diagnosis:

a- otosclerosis

b- miner's

c- Tuberos sclerosis .

43. Purulent discharge from ear middle ear how to treat him:

a- systemic AB

b- local AB

c- steroid

44. Child with URTI then complained from ear pain on examination benefit what is the best TTT:

a- ugmentine

b- azythromycin

c- ciprofloxacin

d- steroid

45. Which of the following is an indication for tonsillectomy?

a) Sleep apnea

b) Asymptomatic large tonsils

c) Peripharyngeal abscess

d) Retropharyngeal abscess

46. PT with seasonal nasal irritation and sneezing prophylaxis :

A. antihistamine

B. steroid

C. decongested

47. Over use of nasal vasoconstriction can cause?

A. Nasal septal perforation

48. RECURRENT VERTIGO-TINNITUS –HEARING LOSS?

a) MEINERES disease

b) CHOLESTEATOMA

c) VESTIBULAR NEURITIS

49. 56 - y - old present with vasomotor rhinitis :

a. Local anti histamine

b. Local decongestion

c. Local steroid

d. Systemic antibiotic

50. what cause epistaxis in children:

a- Self induced

51. Child patient after swimming in pool came complaining of right ear tenderness on examination patient has external auditory canal redness, tender, and discharge the management is:

a. Antibiotics drops

b. Systemic antibiotics

c. Steroid drops

52. most common site of malignancy in paranasalsinuses :

a. Maxillary sinus

53. Waking up from sleep..cant talk, no fever, can cough, normal vocal cords...Dx :

a. Functional aphonia

54. Lactational mastitis..Rx :

a) Doxycyclin

b) Ciprofloxacin

c) Ceftriaxon

d) Gentamyecin

e) cephalexin

55. Young suddenly develops ear pain, facial dropping, what to do:

a- mostly will resolve spontaneously

b- 25% will have permanent paralysis

c- no role of steroids

56. Pt after swimming pool(clear Dx of otitis externa) Rx:

- a- nothing
- b- amphotericin B
- c- Steroid
- d- ciprofloxacin drops

57. What is the best diagnostic test for maxillary sinusitis :

a) CT scan

- b) X ray
- c) Torch examination
- d) MRI
- e) US

58. Which of the following is an indication for tonsillectomy?

a) Sleep apnea

- b) Asymptomatic large tonsils
- c) Peripharyngeal abscess
- d) Retropharyngeal abscess

59. 32- y – old, female , become deaf suddenly , her mother become deaf suddenly.. her mother become deaf she was 30.. Dx

- a- otosclerosis (progressive)
- b- acoustic neuroma(progressive)
- c- tympanic perforation

note: incomplete question

60. child with epistaxis, management :

- a. Compression on nose and leaning forward
- b. backwaed

61. Young patient with decreased hearing and family history of hearing loss, ear examination was normal. Rinne and Weber test revealed that bone conduction is more than air conduction, what would you do?

a- Tell him it's only temporary and it will go back to normal.

b- Tell him there is no treatment for his condition.

c- Refer to audiometry.

d- Refer to otolaryngologist

62. Most common site of tumor in sinuses:

a- Maxillary sinus

b- Frontal Sinus

c- Ethmoid Sinus

d- Sphenoidal sinus

63. Patient with perennial allergic rhinitis. Treatment

a- Steroid

b- antihistamine

c- Decongestant

64. Loss of smell :

a- temporal lesion

65. Patient comes with difficulty breathing in one nostril

O/E: erythematous structure best TTT:

a- decongestant,

b- antihistamine,

c- sympathomimetic

66. Neonate with mass on his eye :

a-Neuroblastoma

b-Leukemia

c-VSD Coarctation of aorta

67. red tympanic membrane, + hemorrhagic vesicle ?

68. bulging tympanic membrane :treatment ?

69. child came with fever and ear pain on examination (the same -10 picture of otitis media) ttt ?

70. vertigo, Progressive hearing loss what is the tumor cause ?

71. most common cause of epistaxis in children ?

72. indication of tonsillectomy ?

73. best Rx. Of sleep apnea ?

OPHTHALMOLOGY SECTION

1. 50 year old Man presented to ER with sudden headache, blurred of vision, and eye pain. The diagnosis is:

- a. Acute glaucoma**
- b. Acute conjunctivitis
- c. Corneal ulcer

2. 60 y/o pt. presented with decrease vision bilaterally , specially to bright light on exam he was having cupping with wedge shaped opacities ... he is having??

- a. lens sub laxation
- b. cataract
- c. open angle glaucoma**

3-case of chlamydial eye infection :

Note : bacterial infection caused by Chlamydia trachomatis which is transmitted by poor hygien & contaminated H₂O. TTT by antibiotic as erythromycin & Doxycycline. Surgery to prevent scar

4-diabetic patient for long time came after car accident complain flashes of light in the left eye or, blurred vision, shadows ? ddx

- a. Retinal detachment**
- b. Cataract

5-drug are contraindicated in ttt of glaucoma :

- a. Timolol
- b. Pilocarpine

Note : steroid

6-typical scenario about retinal detachment :

Note: Retinal Detachment Symptoms are decreased peripheral or central vision, often described as a curtain or dark cloud coming across the field of vision. Associated symptoms can include painless vision disturbances, including flashing lights and excessive floaters.

7-Patient with eye pain not relieved by patching when he came you find red eye with sclera injection with cloudy anterior chamber ,DX

a. Retinitis

b. Uveitis

8-Eye screening in DMI :

a. Now and annually

b. Now and every 10 years

c. After 5 years & annually

9- patient was treated for glaucoma now presented with SOB , ... The drug reasons able for these symptoms :

a. Timolol

b. Pilocarpine

10- pt diabetic retinopathy the most u will deal with

a.HTN with smoking TRUE

11- newborn presented with conjunctivitis and O.M , what the treatment :

12- patient with blepharitis , with hx of acne rosecia but with no sign of keratitis , what you will give him :

A. Topical chloramphenicol

B. Oral doxycycline

C. Topical gentamicin

13- pic of optic nerve cupping:

A. Glaucomatous cupping

B. Optitis

C. Optic nerve atrophy

14- Acute eye pain, decrease vision, conjunctival injection, constricted pupil, opaque lens with keratinization, cells in aques humor :

a. Anterior uveitis.

15- TTT of the previous question:

a. Steroid and cyclopentolate.

16- Blow out fracture :

b. a. Parasthesia in superior orbital ridge..

c. b. Exoptalmos.

d. c. Diplopia and upward gaze (correct).

e. d. Air fluid level in maxillary sinus.

17- progressive vision loss O/E examinations :

a. cataract

18- pt with conjunctivitis of sunlight

b. pollen- ultraviolet

19-foreign body in :

c. local antibiotic

20-Child with large periorbital hemangioma , if this hemangioma cause obstruction to vision , when will be permanent decrease in visual acuity

- a. After obstruction by one day
- b. By 1 week(my answer b
- c. By 3 months
- d. By 6 months**

21-a Corneal Ulcer, Abrasion other investigation

- a-fisial felid measurement
- b-slit limp
- c. florescen day**

22- After removing foreign body from the eye apply local:

- A. Antibiotics**
- B. Steroids(my answer) I thing is wrong

23. Difference between keratitis and uvietis ?

- d. Photophobia, cilliary flush, constricted pupi**

24.pt with cough, lung infertelation Hx of glucoma medication in the past , what drug that do this manifestation

- a. timolol**
- b. Pilocarpine
- c. NSAID

25. Hx of glaucoma & COPD what ttt :

A. acetazolamide

26. pt with typical Hx of viral conjunctivitis in Rt eye..what is your ?action

a- Add topical steroid

b- Add topical antiviral

c- Add topical antibacterial

Note: supportive ttt and cold compress and steroid may be used

27. Patient complaining of eye itching due to flying of foreign body in his eye, after removal the foreign body what you will do

a. topical antibiotic

b. oral antibiotic

c. topical steroid

d. oral steroid

28. Patient came with red eye and itching with discharge , what is the diagnosis :

a. conjunctivitis

b. iritis

29. mechanism by which glaucoma produce

a. iris obstruct the flow of aqueous

30. Case of ENTROPION :

Note: red eye with pain –inflammation due to rolling in of eye lash
Treatment is a relatively simple surgery

31. Known case of allergic conjunctivitis ..that suffer in every spring..he is a Gardner and cannot avoid allergic substances...what do you advise him to reduce the symptoms in the night ?

a- Sleep in air conditioned room

b- Eye drops

c- Apply cold compressors

32. red eye with watery discharge:

a. local antihistamine (correct)

b. steroids

c. antibiotics

33. PICTURE OF AN EYE : NO HX OT DISCHARGE ONLY TEARY EYE AND REDNESS ...ETC : DX WAS

a. VIRAL CONJUNCTIVITIS.

34. HTN LADY WITH HIGH LEVEL OF PB HEADACHE , OPHTHALMOLOGIC EXAMINATION SHOWED CUPPING AND EXTRA FINDINGS WHICH I DON'T RECALL IT :MOST APPROPRIATE MANAGEMENT WAS :

a. URGENT REFERRAL TO OPHTHALMOLOGIST.

35.DRY EYE , PRESCRIBE THE DOSE OF THE LUBRICANT :

a.DROP IN THE LOWER

36.Initial Tx of psoriasis with 15% body involvement :

b. Topical steroid

37.Asthmatic pt with scales on face and forehead & antecubital fossa

a. Atopic dermatitis

38.Ricofentanil tx for ace can cause :

a. birth defect

39.Main symptom of AOM is :

A .pain

40.Nasal obstruction in one nostril ttt:

a. Steroid

41.Most common cause of epistaxis in children :

a. self-induced trauma

42.Infant born with hemangioma on the right eyelid what is appropriate time to operate to prevent amblyopia:

a. 1 day

b. 1 week

c. 3 months

d. 9 months

43. 80 yr old in his normal state of health presented with decrease visual acuity bilaterally without any defect in visual field his VA Rt eye= 20/100 VA Lt eye=20/160 fundoscopic exam showed early signs of cataract and drusen with irregular pigmentations. No macular edema or neovascularization. The appropriate action beside antioxidants and Zn is:

a. Refer the pt for emergency laser therapy

b. Refer the pt for cataract surgery

c. See the patient next month

44. if the likelihood ratio 0.3 what does that mean ?

- a- No change
- b- Small increase
- c- Large decrease
- d- Moderate decrease ((my answer))

45. study done on 10,000 people for about 3 years in the beginning of the study 3,000 developed the disease and 1,000 on the end of the study what is the incidence:

- a. 10.3%
- b. 12.5%
- c. 20%

46. This picture ,, fluoresce a coral red colorin wood lamp << what is the diagnosis:



- a. Erythrasma.
- b. Candida
- c. Psoriasis

47. diabetic pt for 20 years,, eye examination reveal vetriouse hemorrhage, neovasculrizaton.. How to manage:

- a. Strict diet
- b. referral to ophthalmologist
- c. name of medication

48. vasomotor rhinitis:

- a. Decongestion
- b. Antihistamine

49. trauma by tennis ball with blood in ant chamber .. u must r/o :

- a-conjunctivitis
- a-keratitis
- c-penetrating FB
- d-belphritis

50. ttt of dacryocystitis :

a-topical antibiotic

b-oral antibiotic

c-oral steroid

d-oral antiviral

51. how do u treat a unilateral swelling in nose ??

a. decongestant

b. antihistamin

c. corticosteroids

52. mechanism of open angle glaucoma

Note: degeneration and obstruction of the trabecular meshwork

53. female patient with painful red eyes(b.lat), blurred of vision for 24 hours „behind the optic disc is intact and one more something, I remember very poor finding was given) Dx?

a. neurosyphilis

b. DM

c. HTN

d. multiple sclerosis

54. patient Diabetic ,age 39 „has diagnosed to have DM when he was 30, came to your clinic complaining of blurred vision, redness, irritable eye, on fundoscopy there is new vessels growing (angiogenesis) Dx?

a. background retinopathy

b. proliferative retinopat

55. Picture showing tinea corporis

(he give hx that a 15 year old child develop this lesion in mid leg no other symptoms his history of short trip

56. SNELLEN CHART ,, there is a chart ,, old man comes with decrease in vision ,doctor check his vision by snell chart he is able to read up to 3rd line ,, so his vision is

A-20/70

B-20/100

C-20/50

D-20/40

57. picture of an old man having red eye of left side , between the two eyes above the nose there is small papular lesions ,for which he is using acyclovir cream , it is characterized by a prodrome of fever, malaise, nausea, vomiting, and severe pain and skin lesions between eyes...treatment is :

a. topical antibiotic

b. topical antihistamine

c. topical steroids

d. topical congestants

58. pt having glaucoma and taking treatment for it presents with shortness of breath ,, which of the drug is he taking

a. pilocarpine

b. TIMOLOL

c. BETAXOL DACETAZOLAMIDE

59. a case of chlamydial eye infection

60. Child with large per-orbital hemangioma , if this hemangioma cause obstruction to vision , when will be permanent decrease in visual acuity

a. After obstruction by one day

b. By 1 week

c. By 3 months

d. By 6 months

61. Corneal Ulcer, Abrasion other investigation

- a. ficial felid measurement
- b. slit limp
- c. florescen dye

62. After removing foreign body from the eye apply local:

- A. Antibiotics
- B. Steroids

**63. patient was treated for glaucoma now presented with SOB , ...
The drug reasons able for these symptoms :**

- a. Timlol
- b. Pilocarpine

64. Regarding pterygium:

- a. of systemic cause
- b. causes blindness
- c. due to avitemenosis A
- d. needs surgical intervention

**65. 27 years old with DM 2 she already wears glasses u will follow up
her after :**

- a. 6 months
- b. 12 months

66. Typical scenario abt retinal detachment

67. Patient with eye pain not relieved by patching when he came you find red eye with sclera injection with cloudy anterior chamber,DX

a. Retinitis

b. Uvietis

68. Eye screening in DMI

a. Now and annually

b. Now and every 10 years

c. After 5 years and annually

69. After removing foreign body from the eye apply local:

A. Antibiotics

B. Steroids

70. Gardener has recurrent conjunctivitis. He can't avoid exposure to environment. In order to decrease the symptoms in the evening, GP should advise him to:

a. Cold compression

b. Eye irrigation with Vinegar Solution

c. Contact lenses

d. Antihistamines#

71. A patient complains of dry eyes, a moisturizing eye drops were prescribed to him 4 times daily. What is the most appropriate method of application of these eye drops?

a. 1 drop in the lower fornix

b. 2 drops in the lower fornix

c. 1 drop in the upper fornix

d. 2 drops in the upper fornix

72. Pt involve in RTA, develop raccon eye :

a- fracture of the globe

b- fracture in base of anterior fossa

c-concussion

d-base skull fracture

73. pt having glaucoma and taking treatment for it presents with shortness of breath ,, which of the drug is he taking

A-pilocarpine

B-TIMOLOL

C-BETAXOL

D-ACETAZOLAMIDE

74. 54 y old patient , farmer , coming complaining of dry eye , he is smoker for 20 years and smokes 2 packs/ day , your recommendation advise him to

a-exercise

b-stop smoking

c-wear sunscreen

75. child had recent onset flu then develop red eye + lacrimation no itching dx:

a-viral conjunctivitis

b-bacterial conjunctivitis

c. allergic conjunctivitis

76. female pt with Rt eye pain and redness with watery discharge,no h.o trauma,itching,O/E there is diffuse congestion in the conjunctiva and watery discharge what you'll do:

a. give Antibiotics

b. give antihistamine

c. topical steroid

d. refer her to the ophthalmologist

77. A patient with a suspected corneal ulcer:

a-Cotton debridement and systemic antibiotics.

b-Cotton debridement and cycloplegics.

c-Burr debridement and

d-Topical antibiotic, cycloplegic and refer to ophthalmologist.

78. newborn with eye infection

a- Oral antibiotic

b- Oral steroid

c- Topical antibiotic

79. pt with trachoma in eye . for prevention you should

a- water

b- eradication of organism

c- mass ttt

80. Patient with TB, had ocular toxicity symptoms, the drug responsible is:

a. INH

b. Ethambutol

c. Rifampicin

d. Streptomycin

81. Left red eye, watery discharge, photo phobia, peri-auricular non-tender lymph nodes .. Diagnosis

a. Bacterial conjunctivitis

b. Viral conjunctivitis

82. Acute eye pain, decrease vision, conjunctival injection, constricted pupil, opaque lens with keratinization, cells in aques humor :

a. Anterior uveitis.

83. A man who bought a cat and now developed watery discharge from his eyes he is having:

a. Allergic conjunctivitis

b. Atopic dermatitis

c. cat scratch disease

84. patient came to emergency room complaining of acute pain in rt eye and watery discharge and photophobia , in slit lamp examination founded keratin layer detachment behind cornea and block aqueous meshwork What is diagnosis !?

A. acute closed angle glaucoma

B. acute keratitis

C. acute conjunctivitis

D. ciliary body dysfunction

E. deposit of

85. The most dangerous red eye that need urgent referral to ophthalmologist

- a. associated with itching
- b. presence of mucopurulent discharge
- c. bilateral
- d. associated with photophobia**

86. patient is taking steroid eye drops for allergic conjunctivitis for a long time, what is the side effect that you should concern about:

- a- cataract
- b- glaucoma**

87. patient with recent History of URTI , develop sever conj. Injection with redness, tearing , photophobia , So, what is TTT:

- a) Topical ABx
- b) Topical acyclovir**
- c) Oral acyclovir
- d) Topical steroid

88. pic of optic nerve cupping

- A. Glaucomatous cupping**
- B. Optitis
- C. Optic nerve atrophy

89. Painful vision loss:

- A. Central vein thrombosis
- B. Central artery embolism
- C. Acute angle closure glaucoma**

90. HTN pt. with decrease vision, fundal exam showed increase cupping of optic disc dx:

- a. Open angle glaucoma**
- b. Closed angle glaucoma
- c. Cataract
- d. HTN changes

91. 24 YO male with painless loss of vision ,macular degeneration and optic atrophy:

a-pathological myopia

b-physiological myopia

92. Eye screening in DMI

a. Now and annually

b. Now and every 10 years

c. After 5 years and annually

93. Child came to ophthalmology clinic did cover test, during eye cover his left eye move spontaneously to left, the most complication is:

a) Strabismus

b) Glaucoma

c) Myeloma

94. Patient has decrease visual acuity bilateral , but more in rt side , visual field is not affected , in fundus there is irregular pigmentations and early cataract formation . what you will do :

a. Refer to ophthalmologist for laser therapy

b. Refer to ophthalmologist for cataract surgery

95. Diabetic pt. have neovascularization and vetrous hemorrhage , next step :

a. Refer to ophthalmologist

96. 24 y/o female newly diagnosed type 2 DM, she is wearing glasses for 10 years, how frequent she should follow with ophthalmologist:

a. Every 5 years.

b. Annually now & annually

97. man c/o of fever , vesicular rash over forehead management

a. antiviral ,

b. follow 3-5 day 2-antiviral ,

c. refer to ophthalmologist

98. Patient came to you with small swelling under his eye , on examination he have inflammation in lacrimal duct , you refer him to ophthalmologist before that what you will give him ?

- a. Topical steroid
- b. Topical antibiotic
- c. General antibiotic**

99. Very long scenario of old age pt with DM, HTN, history of multiple cardiac attack, CVA, came for routine check up in PHC, u found bilateral opacifications in both lenses, with decreasing of visual acuity, u will:

- a. Refer to laser therapist
- b. refer to cataract surgeon
- c. refer to ophthalmologist,**
- d. follow up

100. retinal detachment all of the following are true EXCEPT:

- a) can lead to sudden loss of vision
- b) more in far sighted than near sighted**
- c) follow cataract surgery
- d) if you suspect it sent for ophthalmologist

101. patient with red eyes for one day with watery discharge No itching or pain or trauma (nothing indicate allergy or bacterial infection) there is conjunctival injection visual acuity 20/20 what is next management

- a. antihistamines
- b. topical AB
- c. No further management is needed**
- d. refer to ophthalmologist ?**
- e. topical steroids

102. acute angle glaucoma with COPD and DM :

- a. acetazolamide**

103. Contraindicated in acute glaucoma management:

- a. Pilocarpine
- b. Timolol

c. B-blockers, CA inhibitors, NSAID, Mannitol wrong answer the right is D
d. Diprovin

104. What is the management of acute congestive glaucoma :

1. IV acetazolamide and topical pilocarpine

105. 60yrs pt. presented w decrease vision bilt, specially to bright light o/e he was having cupping w wedge shaped opacities....he is having

- A) lens subluxation
- B) cataract

C) open angle glaucoma wrong answer the right is B

106. Acute angle glaucoma , with COPD and DM you give?

- a. Metoprolol
- b. Acetazolamide**
- c. steroid

107. 70 y/o female say that she play puzzle but for a short period she can't play because as she develop headache when playing what u will exam for

- 1. Astigmatism#**
- 2. Glaucoma

108. patient w pain in Rt. eye ass. with photophobia and redness, patient has a hx of previous uveitis in the other eye...what is ur dx?

a- acute angle glaucoma

b-uveitis

109. 50 year old Man presented to ER with sudden headache, blurred of vision, and eye pain. The diagnosis is:

a. Acute closed angle glaucoma

b. Acute conjunctivitis

c. Corneal ulcer

110. Pt. diabetic for 10 y\o with vision problem on fundoscopy you found red spot on retina vascularization and macular aneurysm your diagnosis :

a) Macular degeneration

b) proliferation

111. Corneal ulcer due to trauma :: your action

a. antibiotic + analgesic + refer to ophthalmologist

112. 80 y\o old in his normal state of health presented with decrease visual acuity bilaterally without any defect in visual field his VA Rt eye= 20/100 VA Lt eye=20/160 fundoscopic exam showed early signs of cataract with irregular pigmentation and Drusen . No macular edema or neovascularization. The appropriate action beside antioxidants is:

a. Refer the pt. for emergency laser therapy#

b. Refer the pt. for cataract surgery

c. See the patient next month

d. No need to do anything

113. old diabetic patient with mild early cataract and retinal pigmentation and Drusen formation. , u prescribed anti oxidant what to do next :

a- urgent ophtha appointment

b- routine ophtha referral

c- cataract surgery

d- see him after One month to detect improvement

114. What is the side effect of steroid on the eye ?

a- Glaucoma .

b- Cataract

c. Keratoconus

115. Child came to ophthalmology clinic did cover test, during eye cover, his left eye move spontaneously to left, the most complication is:

- a) Strabismus amblyopia
- b) Glaucoma
- c) Myobroma

116. flu like sx since to days and now has red eye (pic) Dx:

a. Viral conjunctivitis

- b. bacterial conjunctivitis
- c. uvitis
- d. glaucoma

117. lady drive a car and can't see the traffic light (which one test for the distance

a. snelln chart *

- b. tonometer

118. Community problem of multiple chlymedia infection in the eye , best prevention method is:

a. good water and good sanitation supply .

119. Patient with HX of URTI & flash of light when he sneeze the cause is:

- a. chemical
- b. mechanical irritation of retina**

120. patient with bilateral eye redness . Discharge and tearing on examination cornea , lens all normal No tear Dx is :

- a. conjuctival follicle

121. everything normal except decrease in visual acuity 20/100 in rt. Eye 160\20 in lt. eye ,, cornea, lens, visual field all within normal, on fundoscopy you find early cataract formation in both eye what you will do:

a. Refer to cataract specialist for cataract surgery

b. Refer to laser correction

c. Un argent referral to ophthalmologist

122. typical scenario of closed angle glaucoma, ttt

123. Child waking from sleep with crustations what is Dx

124.newborn with eye infection

a- Oral antibiotic

b- Oral steroid

c- Topical antibiotic

125. Sever blepharitis with rosacea Rx:

a. topical ABX

b. oral doxycyclin

126. Recurrent watery discharge of eye, pain, sensitivity to light..on examination inflammation ,ulceration of eye the cause is :

a. dust & pollens

b. u/v light

c. night accommodation

127. A man who bought a cat and now developed watery discharge from his eyes he is having:

a. Allergic conjunctivitis

b. Atopic dermatitis

c. cat scratch disease

128. Acute angle glaucoma , with COPD and DM you give?

a) Metoprolol

b) Steroids

c) Acetazolamide

129. Patient with symptoms of blephritis and acne rosacea the best Rx is:

a) Doxacyclin

b) Erythromycin

c) Cephtriaxone

130. at a daycare center 10 out of 50 had red eye in first week , another 30 develop same condition in the next 2 week , what is the attack rate

a) 40%

b) 60%

c 80%

d) 20%

131. old diabetic man with sudden unilateral visual loss, there is multiple pigmentation in retina with macular edema .. Dx

- a. retinal detachment
- b. retinal artery occlusion
- c. fit with all data given
- c- retinal vein thrombosis
- d. diabetic retinopathy (no macular edema)**

132. symptoms of open angle glaucoma ?

133. Pt came with eye pain, watery discharge and light sensitivity. Eye examination showed corneal ulceration. Her symptoms are frequently repeated . Which of the following is triggering for recurrence of her symptoms:

- a. Dusts**
- b. Hypertension and hyperglycemia
- c. Dark and driving at night
- d. Ultraviolet light and stress**

134. scenario of glaucoma in old pt ,, what is the best ttt?

- a. Acetazolamide + pilocarpine

135. What is the side effect of steroid on the eye ?

- a. Glaucoma .**
- b. Cataract .**
- c. Keratoconus .

136. Man is complaining that he doesn't see the traffic signs well what is the best way to measure the distance vision:

- a. Snellen chart**

137. Infant born with hemangioma on the rt eyelid what is appropriate time to √ operate to prevent amyopia:

- a. 1 day
- b. 1 week
- c. 3 months**
- d. 9 months

138. question about pt had pterygium what well you tell the pt:

- a. it is malignant

139. An athlete presented with a well demarcated rash in the groin area, how would you treat?

- a-Cortisone cream
- b-Antifungal cream**
- d-Antibiotic

140. clear scenario of keratitis .. on examination there is dendritic ulcer:

- a. Herpes simplex keratitis**

141. Patient came to you with small swelling under his eye , on examination he have inflammation in lacrimal duct , you refer him to ophthalmologist before that what you will give him ?

- a- Topical steroid
- b- Topical antibiotic
- c- General antibiotic**

142. Pt came with eye pain, watery discharge and light sensitivity Eye examination showed corneal ulceration. Her symptoms are frequently repeated . Which of the following is triggering for recurrence of her symptoms:

- a. Dusts**
- b. Hypertension and hyperglycemia
- c. Dark and driving at night
- d. Ultraviolet light and stress ***

Psychiatry Section

1. 4 Y/O Baby with scenario of ADHD, what is the best treatment in addition to behavioral therapy:

a. Atomoxetine

b. Imiramine

2. man walking in street and saying bad words to stranger , he is not aware of his condition , what is the description :

a. flight of idea

b. Deprivation

c. insertion of idea

d. loosening of association

3. Patient loss his wife in the last 4 months , he looks sad cannot sleep in the last 2 days, which medication can help him:

a. Lorazepam

b. Diazepam

c. SSRI.

4. 46 Y male , c/o early ejaculation , inability to sustained erection , he believes his 26 years of marriage is alright , his wife ok but unorganized , obese . doctor confirm no organic cause. He looks thin .sad face ,what's ttt:

a. SSRI

b. Sublingual nitrate 6 h before

c. testosterone injection

5. teacher ,complain of panic , this after mistake in class room, he knows it must be useful in future day , cold sweating , tachycardia , tightness>

a. benzodiazepam

b. SSRI

c. social phobia

6. **pt told you the refregator told him that all food inside poisoning:**

a. auditoryhalluscination

b. dellusion

c. illeusion

Note: hallucination: False perception for which no external stimuli exist

illusion: It is a false perception with an external stimulus

7. **a young girl who become very stressed during exams and she pull her hair till a patches of alopecia appear how to ttt:**

a. Olanzepin

b. Fluoxetine

8. **what's true about antipsychotics ?**

a. Predominantly metabloized in the liver

b. Carbamazepin as a single dose os better than divided doses

9. **Female presented with thirst and polyurea.. all medical history is negative and she is not know to have medical issues.. .she gave history of being diagnosed as Bipolar and on Lithium but her Cr and BUN are normal, What is the cause of her presentation**

a. Nephrogenic DI

b. Central DI

10. **panic attack, palpitation and sever anorexia treated with :**

a. SSRI

b. TCAs

11. **about psychiatry answer was:**

a. SSRI

12. good prognosis for schizophrenia: ??

Note: Prognostic Factors:

Good Prognostic Factors	Bad Prognostic Factors
• Late onset • Acute onset • Obvious precipitating factors • Good premorbid personality • Presence of mood symptoms (especially depression) • Presence of positive symptoms • Good support (married, stable family)	• Young age at onset • Insidious onset • No precipitating factors • Poor premorbid Personality • Low IQ • Many relapses • Poor compliance • Negative symptoms • Poor support system • Family history of schizophrenia • High EE family

13. what is the best management for binge eating disorder:

- a. cognitive behavioral therapy
- b. problem solving therapy
- c. interpersonal therapy

14. A man who is thinking that there is Aliens in his yard although that he knows that Aliens are not existing but he's still having these thoughts especially when he is out of home he is afraid to be die due to that ..Dx

- a. obsession
- b. delusion
- c. hallucination
- d. illusion
- e. Confuse

15. the most common side effect of antipsychotics :

- a. Alopecia
- b. weight gain**
- c. hypotention
- d. constipation

16. 26 y/o pt. k/c of depression taking (citalopram)for depression ,, presented with ingestion of unknown drug ,, on investigation she was found to have : ??

17. Patient on Amitriptyline 30 mg before bed time, wakes up with severe headache and confusion, what's the appropriate action?

- a. Shift him to SSRI's(my answer , not sure)**
- b. Change the dose to 10 mg 3 times dail
- c. continue on the same

18. A man who is thinking that there is Aliens in his yard although that he knows that Aliens are not existing but he's still having these thoughts especially when he is out of home he is afraid to be die due to that ..Dx

A/obsession

B/ delusion

C/ hallucination

D/ illusion

19. 40 years old , thin , k/o premature ejaculation , loss of libido ,he look sad , his wife is obese , money expender ,unorganized , claims their marriage is alright , the : examination prove no organ pathology Wts ur action

A. ssri

B. weekly testosterone injection

20. Acute onset of disorientation , change level of conscious, decrease of concentration , tremor ,he mention that he saw monkey ! He was well before What's the diagnosis:

- A. Parkinson dementia
- B. Schizo
- C. Delirium**
- D. Delusion disorder

21. What feature of schizophrenia suggest good prognosis ?

- A. family hx of scz
- B. no precipitating factors
- C. presence of affecting symptoms**
- D. early onset

22. Why SSRI are the first line of ttt in major depression

- A. less expensive
- B. most tolerable and effective**
- C. to differentiate between psychosis and depression

23. most common cause of sleeping in daytime is :

- A. narcolepsy**
- B. mood disturbance
- C. general anxiety disorder

24. 46 Y male , c/o early ejaculation , inability to sustained erection , he believe his 26yr marriage is alright , his wife ok but unorganized , obese . doctor confirm no organic cause. He look thin .sad face , what's ttt:

- A. SSRI**
- B. Sublingual nitrate 6 h befor
- C. testosterone injection

25. teacher ,complain of panic , this after mistake in class room, he know it must be useful in future day , co sweating , tachycardia , tightness

A. benzodiazepam

B. ssri

C. social phobia

26. pt told you the refrigerator told him that all food inside poisoning:

A. auditory hallucination

B. delusion

C. illusions

27. Pt. chronic depression ,now you are start ttt. Paroxetin (paxil) you told the pt:

A. need 3 or 4 week to act

B. side effect

28. Patient exaggrat his symptom when people around :

A. Somatization ,

B. malingering

C. depression

29. Patient with panic attack .. Something related to secondary mechanism not symptom

A. Epigastric pain

B. Chest pain

C. Dizziness

D. Tachcardia

30. scenario of panic attack .. Treatment is :

a. Benzodizepine

b. SSRI

31. Differences Btw dementia and delirium

NOTE: Delirium is acute reversible global cognitive impairment with fluctuating disturbed consciousness

Dementia is Chronic global impairment of cognitive functions without disturbed consciousness. Reversible = 60%
Controllable = 25% Irreversible = 15%

32. Q about drug of choice in general anxiety disorder (name of the drug)

a. SSRI

33. Old pt, his wife died, depressed , loss of interest , loss of appetite, for 6 weeks , and feeling guilty ,because he didn't take her to a doctor before her sudden death, and thinking of he is the responsible for her death :

a. Bereavement.

b. Depressive disorder.

c. Adjustment disorder with depression.

34. hopelessness predictor of :

a. Choose suicidal

b. Behavior

35. Which of the following indicates good prognosis in schizophrenia

A. Family history of schizophrenia .

B. Gradual onset .

C. Flat mood .

D. Prominent affective symptoms .

E. No precipitating factors .

36. half life of fluoxetine (antidepressant)

a. 7-9 days

37. child change his school become inactive depressed :

A. adjustment disorders

38. Eating disorder management :

a-cognitive and behavioral therapy

b-pharmacology

39. which of the following treatment should be give in maintenance bipolar:

a- valproate

b-lithium

c-olanzapine

40. scenario for child transfer from city to another city ,and he go to school , he is not good psychology (i miss what he have) what is the DX:

A. Adjustment disorder

41. patinet improve with antidepressant , suicide risk:

a-great

b- less

c- same

42. School boy, obese , mocked at school, he DESIRES to take pill to sleep and never wake up again, what to do:

a. Refer him immediately to mental professional.

b. Give fast working antidepressant.

c. Tell him he will grow

43. Patient loss his wife in the last 4 months , he looks sad cannot sleep in the last 2 days, which medication can help him:

a- Lorazepam

b- Diazepam

c- SSRI.

44. what's true about antipsychotics ?

a) predominantly metabolized in the liver

b) Carbamazepin as a single dose is better than divided doses

45. the most common side effect of antipsychotic

a. alopecia

b. wt gain(correct ,, got 5/5)

c. hypotension

d. constipation

46. 26 y/o pt. k/c of depression taking (citalopram)for depression ,, presented with ingestion of unknown drug ,, on investigation she was found to have metabolic acidosis and anion gap 18 ,, what is the most likely drug she ingested??

a. paracetamol

b. aspirin

c. citalopram

d. amitriptyline

47. man walking in street and saying bad words to stranger , he is not aware of his condition , what is the description :

A. flight of idea

B. Deprivation

C. insertion of idea

D. loosening of association

48. Holding breath spell or holding ..which of the following is true

- A) mostly occurs between age 5-10
- B) increase risk of epilepsy
- C) a known precipitant cuz of generalized convulsion**
- D) diazepam may decrease the attack
- e) can occur in absence of emotional upset

49. old patient with depression take antidepressant medication Take time

- A. 2 week
- B. 3-4 week**

50. Major depression disorder treatment

a. escitalopram

51. Secondary to depression :

a-dizziness

B- phobia

C-abdominal pain

D-tachycardia

E- Chest pain

52. treatment of alcoholic withdrawal

a. Benzodiazepam

53. concerning depression:

a-SSRI is associated with 20% risk for sexual dysfunction(not sure)

b-venlafaxine can be used safely in severe HTN

54. best initial antidepressant:

a. SSRI

55. typical presentation of MANIA..(he asked about the diagnosis ?

56. Main difference b/w dementia and delirium?

a- Memory impairment

b- Level of consciousness

c- aphasia

57. Pt. after his wife died had insomnia for 5days didn't sleep for the last 2days what drug you'll give?

a- Fluoxetine

b- Lorazepam

c- Imipramine

d- Chlorpromazine

58. 50 years old female with anxiety ...she had a Hx of an interview about one month ago when she became stressed..anxious ...tachycardic.. dyspnic...and she had to cancel it .She is always try to avoid that room that she had the interview in it Diagnosis ?

A. specific anxiety disorder

B. panic disorder

C. post traumatic disorder a-GAD

59. antidepressant how it works

A. increase serotonin

B. decrease serotonin

60. pt of depression taken drug witch cause neutropenia, ecgs change etc

A. SSRI

B. clozapine

61. pt of anxiety what is drug for RAPID releif of her symptoms

A. benzodizipine

B. barbiturates

C. SSRI

D. bupropion.

62. Pt having major depression and taking medicine for it ,, after taking medicine she is complaining of insomnia and irritable ,which med she is taking

A-SSRI

B-TCA

C-MAO

D-ECT

63. pt taking antidepressant drugs works in an office ,, next day when he came ,he told you that he have planned a suicide plan ,, your action is

A-counseling

B-admit to hospital

C-call to police

D-take it as a joke

64. Pt. has chronic depression , now you start tt.Paroxetin (paxil) you told the pt:

A. need 3 or4 week to act

B. side effect ??? I don't remember

65. pt ,her husband just passed away , didn't sleep for 2 days , you will give her ?

- A. fluxetin
- B. imipramin
- C. Lorazepam (my answer)
- D. cholpramzide

66. scenario of a child typical of ADHD, ttt:

- A. atomoxetine

67. definition of delusion:

note: It is false fixed belief not consist with patient educational and cultural back ground that cannot be corrected by logic or reasons

68. tobacco withdraw symptom peake

- a. 2-4 day
- b. 5-7 day

69. why SSRI medication had showed the best theraputic effect among other antidepressant?

- a) Because of low price and so available.
- b) Best theraputic + less side effect & tolerable medication

70. Long cenario about women with anexity dissorder (asking about the diagnosis)

71. Young female ,complaining of severe headaches over long period, now she starting to avoid alcohol, not to smoking, doing healthy habits, and she notes that she had improved over her last prgnancy,, what you think about her condition?

- a)biofeedback
- b) she was on b-blocker
- c)alcohol caseation

72. what is the treatment of mild to severe depression?

a. ssri

73. Given for choices all are antipsychotic just one of them is TCA which was the answer :

Note: revise tricyclic antidepressant

74. which one of the following below is at risk to commit suicide?

a) 20 year college boy who had big conflict with his girlfriend

b) 60 years woman who is taking antidepressant and newly diagnosed to have osteoporosis.

c) old male I don't remember, he was sick but not that to commit suicide.

75. pt taking bupropion to quit smoking what is SE :

a. Seizure

Note : side effect happen more than 10% for pt taken drug : headache, dry mouth, nausea, wt loss , insomnia

76. Chronic fatigue syndrome :

a. Anti psychiatric treatment

77. 6 months postpartum having hallucination, delusion, disorganized thinking and speech, having social and emotional difficulty, having history of child death 3 months ago, all of the following should be the possibility except

A- SCHIZOPHRENIA

B- SCHIZOPHRENIFORM DISORDER

B- C-BRIEF PSYCHOTIC DISORDER

C- D-SCHIZOAFFECTIVE DISORDER

78. PT having elevated mood state characterized by inappropriate elation, increased irritability, severe insomnia, increased speed and volume of speech, disconnected and racing thoughts, increased sexual desire, markedly increased energy and activity level, poor judgment, and inappropriate social behavior, associated with above pt should have one more symptom to fit on a diagnosis

A- HALLUCINATION

B- DELUSION

C- C-GRANDIOSITY

D- D-DELIRIUM

79. Pt with hx of diarrhea, abdominal pain, agitation, headache, dizziness weakness, pulse thyroid, unsteady gait. Examination was normal. Dx:

- a. Hypochondriasis
- b. Somatization disorder#**
- c. Thyroid Ca
- d. Anxiety

80. Old man psych pt , has hallucination , aggressive behavior, loss of memory ,Living without care , urinate on himself , what is next step to do for him ?

- a) Give antipsychotic
- b) Admit him at care center for elderly . mostly #**

81. Concerning depression

- A) SSRI ass w 20% risk for sexual dysfunction #(I am not sure)**
- B) venlafaxine can used safely in sever HT

82. Patient loss his wife in the last 4 months , he looks sad cannot sleep in the last 2 days, which medication can help him:

- a- Lorazepam**
- b- Diazepam
- c- SSRI#

83. 46yrs males/o early ejaculation, usability to sustained erection he believe his 26 yr marriage is alright. His wife ok but unorganized , obese. Doctor confirm no organic cause. He look thin, sad face what's ttt :

- A) SSRI**
- B) sublingual nitrate 6 h before
- C) testosterone injection

84. antidepressants associated with hypertensive crisis treatment

- a. SSRI
- b. MOAIs**
- c. TCA

85. patient taking antidepressant medication now complaining of insomnia what are the expected drug he is taking ?

A- SSRI

B- MOA

c- TCA

86. Alternative therapy for severe depression and resistance to antidepressant medications are:

a. SSRI

b. TCA

c. ECT

87. SSRI was prescribed to a patient with depression , the effect is suspected to be within :

1. One day .

2. Two weeks .

3. Three to four weeks

88. Female had history of severe depression, many episodes, she got her remission for three months with Paroxetine (SSRIs) .. now she is pregnant .. your advise

A. Stop SSRI's because it cause fetal malformation

B. Stop SSRI's because it cause premature labor

C. Continue and monitor her depression#

D. Stop SSRIs

89. What is the mechanism of OCD drugs:

A. Increase availability of Serotonin#

B. Decrease production of Serotonin

C. Increase production of Serotonin

D. .. Serotonin

E. .. Serotoni

90. drug for ttt of ADHD .. (they mention typical scenario of it) is :

a. atomoxetine#

b. lanzapine

91. 30 yr old man cover the TV he said that the government spy him and he said God tell him that as he talk with him through the lamp , dx is:

a. schizophrenia#

92. pt taking medication and develop symptoms of toxicity : tachycardia, dry mouth, hyperreflexia, dilated pupils and divergent squint. the medication most likely:

- A. -TCA
- B. -SSRI
- C. -ephedrin

93. major depressive disorder wt treatment :

a. ssri

94. 26 yo psychotic patient presented to the hospital after 3 hours of ingestion of 3 pins, PE : unremarkable, X ray showed 3 pins in small intestine but no intestinal dilation or air fluid level. Your action will be

- a. Admit the patient to the hospital for serial x-rays and abdominal examination.
- b. Send the patient home and give follow up appointment.
- c. Start antibiotics and send home.
- d. Admit the patient and start antibiotics.

95. Old female ,fear from desk compression and fracture :

- a. vit d, calcium
- b. wt. reduction
- c. progesterone

96. old age previous ok...long story develop agitation say some thing about delirium the answer...

97. new married the wife notice her husband go out side then came back to close the door more than 10 times also when he take shower ...for long time...repeat praying also....

a. theans was OCD

98. long story...pt complain insomnia irregular sleep....

- a. so treatment ssri my ans

BENZODIAZEPINES LIKE MIDAZOLAM

99. 40 years old , thin , k/o premature ejaculation , loss of libido ,he look sad , his wife is obese , expender money unorganized , claims their marriage is alright, the examination prove no organ pathology :

Wtsur action

A-ssri#

B-weekly testesrone injection

100. 65 yrs old lady came to your clinic with Hx of 5 days insomnia and crying (since her husband died) the best Tx. For her is :

a- lorazipam

b- fluoxetine #

c- chlorpromazine

d- haloperidol

101. Psycatric pt on antipsychotic drug most drug that lead to impotence with antipsychotic is

a- propranolol#

b-NSAI

c-ACEI

102. 25 year teacher have fear attack and worry before enter the class (Iforgotall the scenario) what is the initial treatment:

a. Selective serotonin reuptake inhibitor#

b. Tricyclic depressant

c. Beta blocker

103. teacher ,complain of panic , this after mistake in class room, he know it must be useful in future day , co sweting , tachycardia , tightness>

a- benzodiazepam

b-ssri

c-socialphobia

104. Which one of these drugs is not available as emergency tranquilizer in psychiatric clinics:

a- Haloperidol

b- Phenobarbital

c- Lorazepam

105. 50 yrs female w anxiety had an interview one month ago when she became stressed anxious, tachycardia and she had to cancel it. She always avoid that room she had the interview in it. Diagnosis

A) GAD

B) specific anxiety disorder#

C) panic disorder

D) post traumatic disorder

106. the symptom/sign that comes 2ry rather than presented symptom in panic pt.

a. tachycardia

b. epigastric pain

c. chest pain

d. phobia#

107. pt was in the lecture room, suddenly had an attack of anxiety with palpitation and SOB, after this episode she fears going back to the same place avoiding another attack

a. Panic attack#

b. Anxiety attack

c. Generalized anxiety disorder

108. scenario of panic attack .. Treatment

a. Benzodizepine

b. SSRi

109. Patient with panic attack .. Something related to secondary mechanism not symptom

a. Epigastric pain

b. Chest pain

c. Dizziness

d. Tachycardia

110. May indicate Good prognosis for schizophrenic pt.

a. +ve Family hx if he said,

b. No precipitating factor #

c. Gradual onset

d. Apathy

e. Marrie

111. Colzapine is used in which childhood psychiatric disease?

a- Schizophrenia#

b- Depression

c- Enuresis

112. 6months postpartum having hallucination ,delusion, disorganized thinking and speech ,having social and emotional difficulty , having history of child death 3 months ,, all of the following should be the possibility except

A- SCHIZOPHRENIA

B-SHIZOPHRENIFORM DISORDER

C-BRIEF PSYCHOTIC DISORDER ***

D-SCHIZOEFFECTIVE DISORDER

113. PT having elevated mood state characterized by inappropriate elation, increased irritability, severe insomnia, increased speed and volume of speech, disconnected and racing thoughts, increased sexual desire, markedly increased energy and activity level, poor judgment, and inappropriate social behavior ,, associated with above pt should have one more symptom to fit on a diagnosis

A- HALLUCINATION

B- DELLUCION

C-GRANDIOSITY***

D-DELIRIUM

114. Child after his father died start to talk to himself , walk in the street naked when the family asked him he said that his father asked him to do that , he suffer

from those things 3 days after that he is now completely normal and he do not remember much about what he did Dx

a Schizophrenia

b Schizoaffective

c Schizophreniform

d Psychosis

115. The best drug used in treating schizophrenia, mania and schizophreniform disorders is:

a. Risperidone#

b. Amitriptyline

c. Olanzapine

d. Paroxetine

116. Obsessive neurosis patients will have:

a. Major depression#

b. Lack of insight

c. Schizophrenia

117. Pt. can't go to park, zoo and sport stadium, her problem:

a- Agoraphobia#

b- Schizophrenia

c- Social phobia

d- Panic disorders

118. man who is thinking that there are Aliens in his yard although that he knows that Aliens are not existing but he's still having these thoughts all that happen especially when he is out of home and the patient is afraid to die because of that.. Dx

A/ Obsessions# #

B/ hallucination

C/ delusion #

D/ illusion

119. Patient with echolalia, echopraxia, poor hygiene, insomnia, and weird postures. Treatment?

A. Lithium#

120. Regarding postpartum Psychosis:

a. Recurrences are common in subsequent pregnancies#

b. It often progresses to frank schizophrenia

c. It has good prognosis

d. It has insidious onset

e. It usually develops around the 3rd week postpartum

121. Pt with chronic depression now u start with paroxetine u told pt

A) need 3-4 weeks to act#

B) side effect????

122. Obsessive neurosis:

a. Treatment is easy

b. Clomipramine doesn't work

c. Mostly associated with severe depression##

d. Can be cured spontaneously

123. 80 years old living in nursing home for the last 3 months. his wife died 6 months ago and he had a coronary artery disease in the last month. he is now forgetful especially of short term memory and decrease eye contact with and loss of interest. dx

a. Alzheimer

b. depression#

c. hypothyroidism

124. Partner lost his wife by AMI 6 months ago , presented by loss of appetite , low mood , sense of guilt , what is the diagnosis :

a. Bereavement #

b. Major depression episode.

125. A female patient on the 3rd week postpartum. She says to the physician that she frequently visualizes snakes crawling to her baby's bed. She knows that it is impossible but she cannot remove the idea from her head. She says she wakes up around 50 times at night to check her baby. This problem prevents her from getting good sleep and it started to affect her marriage. What is this problem she is experiencing?

a. An obsession#

b. A hallucination

c. A postpartum psychosis

d. A Delusion

126. battered women which is true:

a. mostly they come from poor socioeconomic area

b. usually they marry a second violent man

c. mostly they come to the ER c/o.....

d. mostly they think that the husband responds like this because they still have strong feelings for them

127. a case of an old man feels that he's forced to count the things and he doesn't want to do so:

a. obsession

b. Compulsion

128. which of the following treatment should be give in mentinacebipolar :

- a- valporate
- b-lithium**
- c-olanzapine

129. scenario for child transfer from city to anoter city and he go to shool he is not good psychology (i miss what he have) what is the DX:

a. Adjustment disorder

130. patinet improve with antidepressant , suicide risk :

- a-great**
- b- less
- c- same

131. good prognostic factor in schizophrenia . . ?

132. child patient that prescribed clozapine by a psychiatrist , which disease you expect ..

133. 45-year irritable , excessive worry for 8-months with low appetite and decreased concentration , Dx

134. 61-year with depression during 6-months , new diagnosed with IBS , low appetite , less weight , less concentration , Dx

8-Battered women: came c/o unrelated symptoms (the correct)

135. Pt fear that alien will land on her backyard and she feel that she will be crazy she knows that this idea is silly:

- a-Obsessive**
- b-compulsive
- c-delusion

136. Def of delusion

137. pt with severe depression and now he shows some improvement with therapy , the risk of suicide now is :

- a- No risk
- b- become greater**
- c- lower
- d- no change

138. female pts she tells that she hear some one talking to her ?

- a. auditory hallucination**

139. treatment of major depression in child

140. treatment for child wet her bed 5 y/o?

141. The best ttt for binge eating disorder:

- a- cognitive - behavioral therapy**
- b- problem - solving therapy
- c- interpersonal therapy

142. Differences Btw dementia and delirium (read about it)

- a. Amnesia !!

143. old patint with depression take ant psychotic medication

Take time :

- a. 2 week
- b. 3-4 week(muans)**

144. Chronic fatigue syndrome:

- a- Anti-psychiatric treatment**
- b- Relieve by rest

145. Patient with panic attack .. Something related to secondary mechanism not symptom

- a- Epigastric pain
- b- Chest pain
- c- Dizziness
- d- Tachycardia

146. scenario of panic attack .. Treatment

a. Benzodizepine

b. SSRI

147. scenarios about generalized anxiety disorder

SSRI

148. pt. known case of Alzheimer's, with psychotic manifestations. How do you treat?

a-Haloperidol

149. What feature of schizophrenia suggest good prognosis ?

- a. family Hx of schizophrenia
- b. no precipitating factors
- c. presence of affecting symptoms**
- d. early onset

150. why SSRI are the 1st line ttt o major depression ?

- a. less expensive
- b. most tolerable and effective**
- c. to differentiate between psychosis and depression

151. seniro with patient has fear , SOB , sweating when he is in automobile, the diagnosis is :

b-panic disorder

- c-generalize anxiety disorder
- d- post traumatic stress disorder

152. TTT of hallucination and delusion ?

a-antipsychotic

153. the best way to treat PTSD is :

a-interpersonal psychotherapy

b-cognitive behavior therapy

c-pharmacotherapy

154. the drug used in maintenance phase of bipolaris :

a-lithium (true 100%)

b-Na valproate

155. A pt come to ER daily with different complaint, but when they examine him he has nothing, the dx:

a-somatization

b-malingering (true)

c-depression

156. PTs complaint of loss of association and circumstantiality the defect in >>>> form

Note: delusion , obsession and phobias .

157. pt is afraid to go outside:

a- agoraphobia

158. Old PTS with depression and you prescribed SSRIs for him counsel for the PTS is:

a- take 3-4 wks to produce action

159. PTS with depression manifestations , what is the mechanism of the drug that you will prescribe:

a- increase availability of serotonin

160. Why the SSRIs is the first line of treatment of depression:

a- effective and tolerable

161. PTs inside his home catch and cover the TV , and when ask him why to do this , he said the government follow him by watching and listening to his actions, he said the God told him about this diagnosis:

a- Schizophrenia

162. PTs complaint of loss of association and circumstantiality the defect in:

MANIA

163. Patient came to you complaining of hearing voices, later he started to complain of thought gets into his mind and can be taken out :

a. SCZ

b. Mood

c. Mania

d. Agoraphobia

164. ECT is good for those:

a) severe agoraphobia

b) Severe major depression

c) acute otitis media

d) cholesteatoma

e) Eustachian tube dysfunction

165. Major depression management:

a. Intial therapy even severs

166. A 40 year old man who become sweaty with palpitation before giving a speech in public otherwise he does very good at his job, he is having:

a) generalizes anxiety disorder

b) performance anxiety

c) agoraphobia

d) depression

167. A women who lost her husband 2 weeks ago she is unable to sleep at all you will give her:

a) floxitine

b) diazepam

c) halperidol

d) amytriptaline

168. over oxygenation with 100% O will not result in:

a) depression

169. Which of the following with antipsychotic medication have rapid onset of action?

a) sublingual

b) oral

c) IM

d) IV

170. a patient who thinks that he has a brain tumor with a long list of symptoms:

b) Hypochondriasis

c) generalized anxiety disorder

d) depression

171. ADHD , Rx :

a- olanzapine NOT USED BUT WE USE ATOMOXETINE , METHYLPHENIDATE

172. new school .. child moved with his family to new city n he started to go to any in the school he had low mood n doesn't want to interactive with :activity .. this a case of :

a. Hypomania

b. depression ADJUSTMENT DISORDER

173. years- old girl failed in math exam ..then she had palpitation, tachypnea and parosmia .. this is :

a. hyperventilation syndrome

b. conversion

174. ECT Indicated in :

a. severe depression with psychomotor retardation

175. Typical case for specific phobia

176. Typical case for social phobia

178. Agrophobia case

179. SSRI

180. Children eat the paper , what is the initial ttt :

a. behavior

181. Patient has Alzheimer agitative and aggressive ttt:

a. Haloperidol

182. the antidepressant used for secondary depression that cause sexual dysfunction:

A.sertatline (SSRI)

183. Before giving bipolar patient lithium you will do all of the following except:

a. TFT

b. LFT

c. RFT

d. Pregnancy test

184. ECT therapy used in :

a.Major depression

185. Pt covers the tv because he says that they see hem and well split on his face.....diagnosis:

a.SCZ

186. A man has excessive worry form germs on his hand

- a. Specific phobia
- b. Agoraphobia
- c. OCD**

187. Scenario about premenstrual dysphoric disorder. (straight forward and they asked about

188. An old patient undergone aortic femoral poplital bypass surgery had multiple symptoms after surgery (goes with dementia), what's the Dx?

- a-Alzeheimer's dementia
- b-Multiple infarct dementia ?
- c-Delirium**

189. Patient newly-diagnosed with depression, TTT?

- a-SSRI's**
- b-MAOI's
- c-TCA's
- d-Atypical Antidepressants

190. Hopelessness is an early warning sign for:

- a-Suicide**
- b-Learning disorder
- c-Bla blab la
- d-Blablabla

191. Patient on Amitriptyline 30 mg before bed time, wakes up with severe headache and confusion, what's the appropriate action?

- a-Shift him to SSRI's
- b-Change the dose to 10 mg 3 times daily

192. A parent complaining that his 6 year old boy eats paper and clay, what would you do?

- a-Behavioral therapy**
- b-Heat CT
- c-Fluoxetine

193. a short scenario of a pt taking antidepressant and c/o insomnia (and two other things) what's the expected drug he's taking:

a-SSRI

b-MOA

c-TCA

194. a case of an old man feels that he's forced to count the things and he doesn't want to do so..

a-obsession

b-compulsion

FAMILY MEDICINE SECTION

1. about vareciall vaccine in adult , which is true ;

- a. 2 vaccines apart of 1 month
- b. 2 vaccines apart of 6 month
- c. 2 vaccines apart of 2 month
- d. 3 vaccine apart of 6 month

2. Secondary prevention:

- a. seat bealt
- b. influenza vaccine for elderly
- c. DPT vaccine for children
- d. coronary bypass

3. Which of the following not a live vaccine:

- a. BCG
- b. HB
- c. OPV

4. definition of epidemic curve :

- a. A graph in which the number of new cases of a disease is plotted against an interval of time to describe a specific epidemic or outbreak.

5. Most common problem present in primary care :

- a. coryza

6. The most important factor for smoker to quit is :

- a. Patient desire
- b. Give nicotine pills
- c. Give programmed plan
- d. Change life style

7. what is questioneer used to diffrentiet between sleep apnea and snoring?

- a. Mitchigan
- b. Epworth (the correct)
- c. Cooner

8. in epidemiological investigation best thing to do 1st:

- a. good sample
- b. count those who have the disease ?
- c. verifying diagnosis

9. if the likelihood ratio is 0.3 what does that mean??

- a. Positive likelihood ratios with the highest value argue most for b. disease when the clinical information is present.

10. As doctor if you see patient and you face difficulty to get accurate information from him the best tactic to do it is:

- a. Ask direct question
- b. Ask open question
- c. Control way of discussion

11. endemic means :

- a. spread of diseases in incidence all the time
- b. it cause by virulent pathologic organism
- c. spread of diseases from country to country by carrier
- d. rapid spread of disease
- e. there is very low incidence

12. patient diagnose with Dm type 2 and he is in your office to discuss with him the plan to reduce his weight , you will told him to :

- a. decrease calori intake in day time
- b. decrease calori and increase fat
- c. decrease by 500 kcal/kg per week
- d. decrease 800 per day

13. In PHC, from 50 child 10 got the disease on the 1st week, another 30 on the subsequent 2 weeks, what is the incidence of the disease in that PHC?

- a. 20%
- b. 40%
- c. 60%
- d. 80% , $10+30 / 50$
- e. 90%

14. In the Time of TB outbreak what will you give as prophylaxis :

- a. BCG
- b. Rifampicin .. mg PO or INH

15. 15 y/o . (table with hight and wight) and they said : BMI=

24.4 :

- a. normal weight
- b. over weight
- c. obese

16. 9 years old female presented to ER after ingestion almost 20 tablets of OCP and 3 tablets of another medication..She is clinically stable and there was no signs and symptoms...What will you do:

- a. refer her to gynecologist.
- b. refer her to psychiatrist.
- c. toxicology study. (I am not sure).
- d. no need for intervention.

17. Likelihood ratio of a disease incidence is 0.3 mean:

- a) large increase
- b) small increase
- c) no change
- d) small decrease
- e) large decrease

18. separation of chromatids occur in late stage of ?

- a. metaphase
- b. anaphase

19. stop of smoking , the peak of symptoms occur :

- a. 2 days
- b. 4 days

20. relative Risk factor Case (disease) Non case total

- a. Present A B A+b
- b. Absent C D C+d
- c. Total A+C B+D

Note: Relative risk of those with risk factor to those without risk factor is: $A/A+B$, $C/C+D$ this the answer

21. what is the attributable risk :

- a. number of cases of a disease attributable to one risk factor

22. drug used in smoking cessation contraindicated in pt. :

- b. hx of seizure**

23. pt with 32 BMI :

- A. Obese**

24. the most effective way in health education :

- a. Mass media
- b. Group discussion
- c. Individual approach**

25. PT case of CHF , loved to eat outdoor 2-3 time weekly u advice him:

- a) eat without any salt
- b) eat 4 gm salt
- c) low fat, high protein**

26. City with 1500 persons, no of 105 birth , 5 are still birth , 4 die at first month, 2 die before age of one year , perinatal mortality?

- a. 4
- b. 5
- c. 6**
- d. 8
- e. 9

27. mostly they come from poor socioeconomic area

- a. usually they marry a second violent man
- b. mostly they come to the E/R c/o.....**
- c. mostly they think that the husband respond like this because they still have strong
- d. feeling for them

28. Moderate persistent asthma on b agonist inhaler:

- a. Add corticosteroid inhaler

29. What is contraindication for giving welbutrin in smoking cessation:

- a. History of seizure
- b. Hemolytic anemia

30. Increase the survival in COPD patient :

- a. Continues oxygen
- b. inhaled bronchodilator
- c. steroid
- d. smoking cessation

31. varicella vaccine what true :

- a. Not given in first trimester pregnancy
- b. Contain live attenuated bacteria

32. difficult consultation :

- a. use medical term
- b. open ended Q
- c. close Ended Q = True

33. Likelihood ration of 0.3 :

- a. High increase.
- b. Little increase.
- c. No increase.-

34. Adolescent female counseling on fast food. What you should give her:

- a. Ca + folic acid
- b. Vit C + folic acid
- c. Zinc + folic acid
- d. Zinc + Vit C

35. Old female with recurrent fracture , Vitamin D insufficiency and smoker . which exogenous factor has the greatest exogenous side effect on osteoporosis :

- a. Old age
- b. Smoking**
- c. Vitamin D insufficiency
- d. Continue smoking
- e. Recurrent fracture

36. child with moderate persistent BA On bronchodilator inhaler. Presented with acute exacerbation what will you add in ttt :

- a. Corticosteroid inhaler**
- b. Ipratropium bromide inhaler.

37. Child had chest tightness and cough when exposed to cold and exercise, what to give for prophylaxis :

- a. B2 inhaled agonist,
- b. Steroid inhaler.**
- c. Theophyllin.
- d. Oral steroid.

38. study on population of 10000 they found 2000 have DM at end of study increase 1000 what is incidence of DM :

- a. 10%
- b. 12%
- c. 24%

39. q about body mass index 32 :

- a. Underweight
- b. Obese**
- c. morbid obesity
- d. Normal

40. choose example for open ended q

- a. point the site of pain in your chest

41.cause of death in burn :

A-smoke inhalation

42.prenatal mortality mean:

a-number of still birth<20 WEEK gestational age

b- number of stillbirth + first week neonate*

c-number of deaths /1000

43.in epidemiological investigation best thing to do 1st

a)good sample

b) count those who have the disease

44.A man who is thinking that there is Aliens in his yard although that he knows that Aliens are not -existing but he's still having these thoughts .. Dx

a. Obsessions

b. Dellusions

45.Best method for eradication of entameba histolytica:

a. Boiling of water

b. Freezing

c. Using chlor

46.Bacteria tricomosis prevent:

b - Water eradication and ...

47.child obese what is adevice

a. decrease kaloic intak

b. multi factorial interaction

48.Bmi 29.5 :

A-obese

B-over Wight

49. smoking with drowel

- a. 1-3
- b. 2-4**
- c. 6-8
- d. 10

50. Case control study

51. one of the following is one of the characteristics of randomized control study ?

52. Q about study for 2 group on group exposure to risk factor or drug I forget but other group exposure to placebo wt this study

- a. Cohort prospective study (my answer)
- b. Cohort retrospective
- c. Case control study**
- d. Cross sectional study

53. Best way to promote health in populations

- a. environment modification
- b. promote personnel hygiene**

54. City with 1500 persons, no of 105 birth , 5 are still birth , 4 die at first month, 2 die before age of one year, perinatal mortality:

- a. 10.3

55. What the best method for prevention diseases :

- a. Immunization
- b. Teaching individual how to protect them self**

56. difficult consultation :

- a. use medical term
- b. open ended Q
- c. close Ended Q**

57. pregnant pt want to take varicella vaccine, what you will tell her ?

- a. That is a live vaccine IS CONTRAINDICATED IN PREGNANCY
- b. It is ok to take it

58. Patient IHD and obese + bmi=28+>>>>

- a. Decrease weight and exercise benefit

**59. there is outbreak of diphtheria and tetanus in community ,
regarding to pregnant woman:**

- a. contraindication to give DT vaccine
- b. if exposed , terminate pregnancy immediately
- c. if exposed , terminate after 72 hour
- d. give DT vaccine anyway

60. vesicular rash

- a. Chicken pox

61. question about pneumococcal vaccine

**62. 20- 50 y/o female, operated for ovarian cancer, come to clinic
for follow up , abdominal :**

63. X ray show scissor, what to do:

- a. Inform and refer to surgical.
- b. Inform and tell her it will resolve alone.
- c. Call attorney
- d. Don't inform.

DERMATOLOGY SECTION

**1: Pic of psoriasis, pink scaly lesion on the elbow, knees and scalp
how to prevent flares:**

- a. Avoid sun exposure.
- b. Avoid trauma
- c. use steroid

2: Lichen planus most commonly found in :

- a. Scalp
- b. Knee
- c. Buttocks
- d. Mouth

3: patient HIV have white patch in oral cavity and how could you manage :

- a. oral antibiotic
- b. local antibiotic
- c. local steroid
- d. chemo & radio therapy (my answer , there was no antifungal so not Candida, I diagnose it as Kaposi)

4: middle aged pt. with ataxia , multiple skin pigmentation and decrease hearing , one of the family member has the same condition , what is the most likely DX :

- a. Malignant melanoma
- b. neurofibromatosis
- c. hemochromatosis
- d. measles
- e. nevi

5: student in college complain of sever itching in ankle and between finger ,, it was first attack ,, well demarcated .. Dx :

- a. scabies
- b. tinea

6: pic of face with scale in nasal fold and around mouth (red in color) :

a. seborrheic dermatitis

Note :

- Caused by seborrhea, affected by Genetic, environmental, hormonal, and immune-system status.
- Aggravated by illness, psychological stress, fatigue, sleep deprivation, change of season and reduced general health.
- symptoms appear gradually and usually the first signs are flaky skin and scalp.
- In infant younger than three months and it causes a thick, oily, yellowish crust around the hairline and on the scalp. Itching is not common among infants.
- In adults, symptoms of seborrheic dermatitis may last from few weeks to years.
- Proper hygiene is primary in treatment . Dermatologist recommend Antifungal and Anti-inflammatory.

7: Which one of the following drug consider as drug induce urticarial:

- A. Azithromycin
- B. hydralazine
- C. cortisone

D. Penicillin

Note : Drug causes urticarial : dextroamphetamine, aspirin, ibuprofen, penicillin, clotrimazole, sulfonamides and anticonvulsants and anti-diabetic drugs.

8: treatment of psoriasis

Note :

- An autoimmune disease that affects the skin. It occurs when the immune system mistakes the skin cells as a pathogen, and sends out faulty signals that speed up the growth cycle of skin cells.
- Psoriasis affects both sexes equally, and can occur at any age, although it most commonly appears for the first time between the ages of 15 and 25 years.
- Psoriasis is not contagious
- five types of psoriasis: plaque, guttate, inverse, pustular, and erythrodermic. The most common form, plaque psoriasis

- Topical agents are used for mild disease, phototherapy for moderate disease, and systemic agents for severe disease

9: treatment of scabies ?

a- Permethrin

Note: Medications commonly prescribed for scabies include:

- Permethrin 5 percent (Elimite)
- Crotamiton (Eurax)
- Lindane

Although these medications kill the mites promptly, you may find that the itching doesn't stop entirely for several weeks.

10: Patient 42 years with 5 days history of skin eruption involving hands & soles (no other information) dx?

- A- Erythema multiform
- B- Fixed drug eruption
- C- Pytriasis rosea

11: polygonal rash flat topped :

A. Lichen planus

Note:

- LP is a pruritic, papular eruption characterized by its violaceous(violet) color.
- most commonly found on the flexor surfaces of the upper extremities, on the genitalia, and on the mucous membranes
- is a cell-mediated immune response of unknown origin. Lichen planus may be found with other diseases of altered immunity; these conditions include ulcerative colitis, alopecia areata, vitiligo, dermatomyositis, morphea, lichen sclerosis, and myasthenia gravis.
- An association is noted between lichen planus and hepatitis C virus infection, chronic active hepatitis, and primary biliary cirrhosis.
- Sign and symptoms is well-described by the "6 Ps": well-defined pruritic, planar, purple, polygonal papules and plaques.

Medicines used to treat lichen planus include:

- Oral and topical steroids, Oral retinoids, immunosuppressant medications, hydroxychloroquine, tacrolimus, dapsone

12: vesicular rash

A. Chicken pox

Note : Other causes of vesicular rash : Herpes Zoster, Impetigo, Contact Dermatitis and Eczema.

13: patient with pustule around the mouth the organism is herpes simplex what is the treatment :

- Oral antibiotic
- Topical antibiotic
- Acyclovir
- Steroid (topical or oral)

Note: Most probably candida (treated with topical anesthetic and
*in good immune system : no need,

*in weak immune system : oral or iv medication .

And *in mild inf. No need for treatment,

*in sever inf. Antiviral may be required .

14: True about dermatomyositis :

- associated with inflammatory bowel disease
- indicate underlying malignancy
- present as distal muscle weakness

15: Tinea capitis RX :

- start Nystatin
- wood's lamp

16: nodule :

- don't do anything so you don't rupture it
- cryotherapy >>true

17: Rosacea case (redness patch on face with telangiectasia) what is the treatment :

a. Doxycycline

Note: Treatment for facial redness (erythema) and telangiectasia:

*cleansers containing acetone or alcohol, abrasive or exfoliant preparations, oil-based or waterproof make-up, perfumed sunblocks, or those containing insect repellents.

*Another option which is laser therapy.

18: Young male , in cold weather, have a single patch in his chest, whitish, when came to hot weather, it became hypopigmented :

a. Tania vesicular.

b. Other option.

c. Other option.

19: treatment of acnerosea

20: treatment of Chlamydia

Note :single-dose antibiotic, such as azithromycin (Zithromax), taken as a pill. OR, doxycycline (Atridox, Bio-Tab), to be taken as a pill twice a day for a week.

21: eruption not scaly resistant to mecanozole :

22: 19 y/o , not known to have any medical illness ,presented with fever, arthritis, and rash mainly in the palms and soles ,,, he gave hx of illegal relationship ,,, mostly he is having ?

a. chancroid

b. 2ndry syphilis

c. chlamydia trachomatis

23: female have itching in valve and thigh :

- a. Contact dermatitis
- b. And other not remember

24: pt. had sever itching with circular wheals and scar in the middle of them, then had swelling in his mouth and lips :

- a- Dermatographia
- b- Solar urticaria
- c- cold urticaria
- e- cold urticaria and angioedema

25: Patient complain of scaly itching lesion on posterior side of knee and anterior side of elbow, the diagnosis is :

- a.contact dermatitis
- b.scabies
- c. eczema

26: pic with clear case of seborrheic dermatitis

27: scaly rash on face and flexor areas of the limbs

- a- Atopic Dermatitis
- b- Contact dermatitis
- c- Seborrheic dermatitis

28: Pt. taking isotretinoin for Acne...the true thing you have to say to him about the drug is :

a- it cause oily skin

b- it cause hypersensitive skin for the sun

c- it cause enlargement in breast tissue

29 : child with erythema and itching and scaling in front of both elbows, behind knees , face, your diagnosis is :

a- Contact dermatitis

b- Scabies

c- Eczema

30: Pt. complain of scaly itching lesion on posterior side of knee and anterior side of elbow, the diagnosis is

a. contact dermatitis

b. scabies

c. eczema

31: In pt with moderately sever acne vulgarus best ttt:

a) Oral isotretinoin

b) topical Retinoids

c) Topical clindamycin

d) oral antibiotics

33: PTS 18 yrs , you prescribe for him retinoid gel will counsel him For:

a- make your skin sensitive for sun light ?????

34: 80 year old man complain of sever itching mainly in the wrist and b/w fingers , with excoriation mark linear and superimposed by secondary infection disturbing, the pt newly finish 10 days course of Antibiotics:

- a- Monilia ????
- b- eczema ???
- c- icythiosis ????

35 : 2 month infant with white plenced papules in the face what to do:

- a. reassurance
- b. topical steroids
- c. abx

36: cold utritcaria treatmemt :

37: itching scale in pack of knee . face and ant elbow :

- a. scapis
- b. eczema
- c. contact dermitis

38: a patient with acne of several appearances open .. closed .. red .. it is most likely:

- a) obstructive
- b) inflammatory

39: a patient with a large nodule in the nose which is painful and talangectasia on the face you will give:

a) deoxycycline

b) clindamycin

c) retinoid

40: Dental caries to prevent it .. mix the water with:

a) Vit A

b) Fluoride

c) Zinc

d) Calcium

41 : a picture of raised skin with black dot in the middle

a) molluscum contagiosum

b) viral warts

c) erythema nodosum

d) chicken pox

42: the post partum women when she went back to work ,, she exposed to sun and started to have brown discoloration in her face .. what is the diagnosis :

uriticaria pigmentosa

43: a picture of raised skin with black dot in the middle

a) molluscum contagiosum

b) viral warts

c) erythema nodosum

d) chicken pox

44: tx of pyoderma gangrenosum....

a. oral abx

b. iv abx

c. local abx

45: ttt of non inflammatory acne

46: all are primary prevention of IDA except:

47: Tx of cystic acne and scarring

a. Isotretinoin

b. Retinod

48: Mechanism of vitamin C in wound healing :

a. Epithelialization

b. Aerobic fibroblast synthesis

c. Collagen synthesis (my answer)

d. Enhance vascularization

49: At which stage separation of chromatoids occur :

- a- Metaphase (my answer)
- b- Telophase
- C- ANAPHASE**

50: 15y boy appear patch in rt lower leg these patch is clear center , red in peripheral, no fever no other complain so diagnosis (there was a picture with lesion in the groin area)

- a-contact dermatitis
- b-tinea corpora**
- c- lyme disease
- d-psoriasis (my answer which is wrong)

51: main ttt of non inflammatory acne is

- a-retinoic acid (my answer)**
- b-clindamycin;
- c-azalic acid
- d-erythromycin

52: picture of herpes zoster (the same picture)

**53: Pt. has a scaly hypopigmented macules on the chest and arms
They seem even lighter under the sunlight,,, what is the ttt?**

- a. Topical steroid
- b. Na selenum
- c. Topical antibiotics
- d. Oral antib

After Fourth Edition Section

1. Prophylactic antibiotics after appendectomy:

- a. Cephatrixone
- b. Metronidazol**

2. In moderate to severe asthmatic patient, you will find all the following except:

- a. $PO_2 < 60$
- b. $PCO_2 > 60$**
- c. low HCO_3
- d. IV hydrocortisone will relieve the symptoms after few hours
- e. dehydration

3. Patient has symptoms of infection, desquamation of hands and feet, BP 170\110 dx:

- a. Syphilis
- b. Toxic shock syndrome
- c. Scarlet fever

4. middle aged woman with multiple sclerosis , complaining of urinary incontinence..she doesn't feel the urge to empty her bladder but urine incontinence occurs..??

- a-Reflex incontinence
- b-Stress incontinence
- c-Overflow incontinence**
- d-Urge incontinence

5. child >90% of the normal . < persentile hight with sever bowing of legs what help u for diagnosis:

a- lower extremeties x-ray

b- pelvic x-ray

c- cbc

d- alkaline phosphatase

6. On examination of newborn the skin show papules or (pastules) over erythema base:

1.transient neonatal pustular melanosis

2.erythema toxicum neonatorum

3.----

7. Pt came to you missing her period for 7 wks, she had minimal bleeding and abdominal pain, +ve home pregnancy test, 1st thing to order is:

a. BHCG

b. US

c. Drugs

8.Old patient male, presented with acute hematuria, passing red clots and RT testicular pain and flank pain :

a) Testicular Ca

b) RCC (renal cell carcinoma)

c) Cystitis

d) Epidimorchitis.

e) Prostitis.

9. k/c of SCA have URTI then suddenly have chest pain, lobar infiltrate .WBC 18000, HG:7, fever. what is the cause for his condition

a.PE

b.strepto infection

c.acute chest syndrome

10.Infant swallow coeeosive material came within half an hour to ER drooling, crying what is the initial thing to do :

A- activated charcoal

B- endoscopy

C- secure airway

D- 2 cups of milk

11. Young pt with hx of cough, chest pain, fever CXR showed RT lower lobe infiltrate:

a. Amoxicillin

b. Ceferuxim

c. Emipenim

d. Ciprofloxacin

12. What is special about placenta abruption:

a. Vaginal bleed

b. Fetal distress

c. Uterus pain and back pain

d. Abnormal uterine contraction

13. Wound at end inflammatory phase when:

- a. Epithelial tissue formation
- b. Angiogenesis**
- c. when the wound clean
- d. Scar formation

14. Young patient with decreased hearing and family history of hearing loss, ear examination was normal. Rinne and Weber test revealed that bone conduction is more than air conduction, what would you do?

- a- Tell him it's only temporary and it will go back to normal.
- b- Tell him there is no treatment for his condition.
- c- Refer to audiometry.**
- d- Refer to otolaryngologist

15. patient with red blood cell disorder, with family hx of thalassemia to confirm the dx

- A- increase the level of A2
- B- genetic**

16. 43y old woman with irregular menses 3m back & 1-2 spotting what next to do:

- a) US
- b) Human chorionic gonadotropin
- c) FSH**
- d) LH

17. Drug that will delay need of surgery in AR:

- a. digoxin
- b. verapamil
- c. nifedipine
- d. enalapril

18. asthma after 40 years old what is true?

- a- could be psychological.
- b- eosinophiles are increased significantly
- c-peak expiratory value change from night to day
- d-oral steroid change the peak expiratory value significantly

19. lichen planus is most commonly found in :

- A/Scalp
- B/ Knee
- C/ Buttocks
- D/Mouth

Note: Lichen planus is most commonly found on the flexor surfaces of the upper extremities, on the genitalia, and on the mucous membranes

20. 15y old with pilonidal sinuses so ttt

- A-incision surgery
- b- Local antibiotic
- C-daily clean

21. picture of an old man having red eye of left side , between the two eyes above the nose there is small papular lesions ,for which he is using acyclovir cream , it is characterized by a prodrome of fever, malaise, nausea, vomiting, and severe pain and skin lesions between eyes...treatment is

A-topical antibiotic

B-topical antihistamine

C-topical steroids

D-topical congestants

22. Old man with left lower abdominal pain with fever and constipation, imaging showed decreased the fatty shadows around distal colon, your next step:

A. Double contrast

B. IV antibiotic

C. Control diet

23. An old patient undergone aortic femoral popliteal bypass surgery had multiple symptoms after surgery (goes with dementia), what's the Dx ?

A. Alzheimer's dementia

B. Multiple infarct dementia ?

C. Delirium

24. An old man with heart failure, likes to eat outside, what would you advise him regarding his diet?

A. Full 3 meals every day

B. Don't add salt to food

C. 4 g sodium diet

25. Patient with Rheumatoid arthritis on hand X-Ray there is swelling what you will do for him:

a-NSAID

b-Injection steroid

26. 56 y old present with vasomotor rhinitis

a. Local anti histamine

b. Local decongestion

c. Local steroid

d. Systemic antibiotic

27. Best view for rib fracture:

A) PA view

B) AP view

28. BEST METHOD FOR HISTORY TAKING ??

A- Yes or No Questions

B- Open ended Q.

29. A burn patient is treated with Silver Sulfadiazine, the toxicity of this drug can cause:

a. Lycosytosis

b. Neutropenia

c. Electrolyte disbalance

d. Hypokalemia

30. Infant with sickle cell anemia, whats true about prophylaxis?

a-Infants should take 23-valent vaccine

b-Children above 2 years take only pentavalent vaccine

c-even if vaccine taken, if there is contact with ill people child should be given prophylactic Antibiotic

d-if not high risk no need for prophylaxis

31. most common physiological cause of hypoxemia

A- shunt

B-Ventilation perfusion mismatch

C-hypoventilation

32. 45 years old female came to ER with acutely swollen knee + ballotment patella .. The most important to do is:

A. MRI of the knee

B. Aspiration

C. Complete blood count

D. Rheumatoid factor

33. What is the first sign of elevated ICP ????

a- altered consciousness

b- hypertension

c- ipsilateral mydriasis

d- bilateral mydriasis

34. child on nutritional supplementation came to ER with 2 hours, hx of vomiting, nausea, abdominal Pain DX ?

a- Hypervitaminosis

b- iron overdose

35. pt have cheesy pv material ...?

A- candida

B- trachoma

C- B. vaginosis

36. pt with hepatosplenomegaly with cervical lymphadenopathy with +ve EB virus antibody the DX

a. infectious mononucleosis

37. pregnant has glucosuria also by GTT confirmed that she has gestational diabetes what u should do :

a- repeat GTT

b- Take a1c hemoglobin

c- Take fasting blood glucose

d- Do insulin tolerance test

e- Control pt diet >> my answer

38. child present with runny nose , sore throat, feel like fullness in ear No fever. ON examination of ear normal, nose congested, erythema on tonsil. DX

a- acute otitis media

b- viral URTI >> my answer

c- viral

d- acute tonsillitis

39. pt with HTN using lisinopril, came complain of cough, which drug give same effect but with less cough

a- losartan >> my answer

b- angiotensin II receptor antagonist

40. pt diagnosed with cholecystitis, best investigation

a- abdominal US >> my answer

b- abdominal xray

c- isotope

41. Case scenario DX >> acute appendicitis

42. adult with sickle cell anemia , most common neuro complication

a-seizure

b- ataxia

c-cerebral infarction >> my answer

43. Pt. after stroke , he lost his smell sensation.. Which part is affected

a- Frontal

b- Temporal >> my answer

c- Occipital

44. Case outbreak of plague, Best method to prevent plague is:

- a- Kill rodent
- b- spray insecticide >> my answer
- c- give prophylactic AB

45. female with red rash under breast, after wash this rash with moist what give:

- a- topical antibiotic
- b- antifungal powder >> my answer
- c- solution
- d-steroid

46. Patient with family history of allergy has scaling skin and itching in face and antecubital fossa, the diagnosis?

- a- seborrheic dermatitis
- b- Contact dermatitis
- c- Atopic eczema >> my answer

47. the separation of chromatid occur in late phase of :

- a- anaphase
- b- metaphase >> my answer and I don't know
- c- telophase

48. pt on chronic use of steroid, What is the side effect of steroid on the eye ?

a- Glaucoma . >> my answer

b- Cataract

c- Keratoconus

d-ptosis

49. child with asthma use betamethazone, most common side effect of betamethazone is

a-increase intraocular pressure

b-epilepsy

c-growth retardation >> my answer

50. child with anuresis, what to do

a-CBC

b-kidney function test

c-urine culture >> my answer and I don't know if correct or not

d- renal biopsy

51. man with Mass in the upper back .. with punctum and releasing white frothy material what to do ?

- a- It's likely to be infected and Antibiotic must be given before anything
- b- Steroid will decrease its size
- c- It can be treated with cryotherapy
- d- remove it as one part to prevent spread of infection >> my answer
- e- give AB then remove

52. Patient with sensorineural hearing loss and vertigo then develop numbness ,MRI showed mass in cerebellopontine angle what is the DX:

a-Acoustic neuroma >> my answer

b- Meningioblastoma

53. lady drive a car and can't see the traffic light, which one test the distance

a- snellen chart >> my answer

b- tonometer

c-reticulometer

54. child present with fever and stridor, on examination found red epiglottitis, what is the DX

a-hemophilus influenza B >> my answer

b- Diphtheria Pertussis

55.Regarding menopause, one of these is a major health problem:

- a. Cardiovascular disease
- b. Depression

C. Osteoporosis >> ma answer

d. Endometrial carcinoma

e-breast cancer

56.OCP increase risk of which of the following??

a- Ovarian cancer

b- Breast cancer

c- Endometrial cancer

d- Thromboembolism >> My answer

57.Female take OCPs come with skin changes on the face, what is that ?

a-lupus lipura

b- melasma >> my answer

c- carcinoma

58.Young female she have vulvar irritation she goes to here doctor and advise her to stop bubble bath ! she stopped but still she have this irritation on examination It was waxy with some thing speaked what the dx ?

a-Atopic dermtisist

b- Conact dermtisiis

b- Linch sipmplex

d- Linch complex chronicus

**59. man with anterior heel pain increase by movement ,.....
.....Forgot the reminder what is the dx ?**

a-tendon achillitis

b-something fasciitis (either tendon fasciitis or plantar fasciitis)

c-anterior talotibial impingement

60. male with neck stiffness, numbness and parasthesia in the little finger and ring finger and positive raised hand test of left hand ,

diagnosis is:

a- Thoracic outlet syndrome

b-Impingement syndrome

c-Ulnar artery thrombosis

d- Do CT scan for Cervical spine

61. pt female with sever hip pain , increase with walking , after busy day , awake her almost all the night , with morning stiffness , DX :

A-osteoarthritis >> my answer

a- Osteoporosis

b- Rheumatoid arthritis

c- Depression

62. pt with rheumatoid arthritis treated with DMARD , which of the following might be helpful:

a-Exercise to relief contracture

b- cold compression relief contracture >> my answer

c- Exercise to

63. case with positive Gowers' sign, which area affected

a-Dorsal column

b-Cerebellum

PROXIMAL MUSCLE WEAKNESS

C- ...

64. female with neck swelling firm, large, and lobulated

Don't remember if there is thyroid function test or not BUT there is positive antibodies against thyroid peroxidase What is the dx

a- Hashimoto's thyroiditis >> my answer

b-graves

65. what true about management of epistaxis:

a-compress carotid artery

b- compress flesh part of nose together

c-place nasal tampon >> my answer

d-put the pt on side position

e-do nothing

66. what the effect of niacin if taken :

a.decrease uric acid .

b.hypoglycemia

c.increase LDL

d.increase HDL

e.increase triglyceride

67. Young female always eat fast food , you advice supplement of:

a-zinc +vit. C

b-vit. C+ folic

c-folic+ zinc

d-vit.C+ CA

e-zink and magnesium

68. child obese BMI=30, height and weight >90% percentile, whats to do :

a-refer for surgery

b-start medication

c-discuss with family>> my answer

d- do nothing

69. definition of case control study:

a. Divide to groups and compare results

70. Using the following classification Relative risk of those with the risk factor to those without risk factor is:

a- $A/A+B / c/c+d$ >> my answer

b- $C/C+D$

c- AD/BC

d- A/B

71.in random study, what indicate high quality

72.computer programmer presented with wrist pain and +ve tinnel test. The splint should be applies in which position:

a. dorsiflexion position >> my answer

b. palmarflexion position

c. extension position

73.37- Pt came with deep injury on the wrist site, the median nerve that has high risk to be injured will manifest as?

a- Can not oppose thumb to the other finger >> my answer

b- Claw hand

c- Drop hand

74.Lactating mother of 10 month child, given phenoparbital for epilepsy recently, what to do:

a- Stop lactating. >> my answer

b- Lactation after 8 hours of medication.

c- weaning of child after 3 (weeks or months!!)

d- Continue as long as mother and child wish

75.65 y/o pt. presented with hepatosplenomegaly and lymphadenopathy...bone marrow bx confirm dx of CLL,, the pt gave hx of breast cancer 5 yrs ago and was treated with radiotherapy since then

,, the pt is also smoker what is greatest risk for developing CLL??

- a. hx of radiation
- b. smoking
- c. previous cancer
- d. age>> my answer**

76.what indicate fetal distress

a-Early deceleration

b-Late deceleration >> my answer

c-

77.9year old boy cam to PHC with URTI and swap was taken and sent home, after 5 days the result was Group A MENENGIOCOCUS and

then you called the family

and they told you the boy is fine and no symptoms whats you next step:

A- Give Ceftixim IM one dose

B- Penicillin for 7 days

C- Penicillin for 10 Days

D- Do Nothing

E- oral rifampicin >> my answer

78. Which of the following not a live vaccine:

a-BCG

b-Hepatitis B >> my answer

c-OPV

d-MMR

79. most important risk factor for osteoporosis is :

a-age >> My answer

b-weight

c-smoking

d-alcohol

80. what true about headache

a- headache of increased ICP occur severely at end of day

b-normal CT may exclude subarachnoid hemorrhage .

c- amaurosis fugax never come with temporal arteritis .

d- neurological exam sign may exclude migraine

e- cluster headache occur more in men than women

81. child present with dark color urine , edema what is the next step to DX .

a-renal function test

b-urine sediments microscope >> my answer

c-US

d-renal biopsy

82. Patient with Hx of severe hypertension, normal creatinine, 4g protein 24 hrs. right kidney 16cm & left

kidney 7cm with... arteriogram show left renal artery

stenosis. Next investigation:

a. arteriogram

b. biopsy

C. CT angio >> my answer

d. Bilateral renal vein determination

83. long Case of old man depressed after died of spouse for 6 weeks because of MI , he feels guilty what is the dx

a-bereavement >> my answer

b-adjustment with depression .

c-Depression

d-dysthymia

84. pregnant never did check up before , her baby born with hepatosplenomegaly and jaundice :

a- congenital Rubella

b-congenital CMV >> my answer

c-HSV

d-Toxoplasmosis

85. Patient with retrosternal chest pain, barium swallow show corkscrew appearance:

a. Achalasia

b. Esophagitis

c. GERD

d. Diffuse esophageal spasm >> my answer

86. female with hiatal hernia (or GERD I forgot) which true:

a-it become more severe in pregnancy >> my answer

b- symptoms increased with lying down

c- Skin pigmentation

87. Old patient male, presented with acute hematuria, passing red clots and RT testicular pain and flank pain :

a) Testicular Ca

b) renal cell carcinoma >> my answer

c) Cystitis

d) Prostatitis.

88.pt with HTN presented with edema, azotemia,GFR: 44, what is the cause of her Kidney disease:

- a) bilateral renal artery stenosis
- b) diabetic nephropathy
- c) Reflux
- d) Renal tubular acidosis

89.pt with idiopathic hypertrophic subaortic stenosis will go to dental operation, what is true

- a-risk for endocarditis 50%
- b-risk for endocarditis 25% or 15%
- c-no need for prophylaxis
- d- give antibiotic after procedure

90.most important test for early pregnancy

a-urine pregnancy test

b-US >> my answer

c-Xray

d- MRI

91.definition of osteomalacia :

a-Failure of mineralization

b-reduced bone mineralization density

c-

92.treatment of generalized anxiety disorder:

93.case scenario of major depression disorder

94.psychosis:

95.case of kwashiorkor :

a-high protein and low carbohydrate

b-high protein and high carbohydrate

c- low protein and high carb >> my answer

d-low preotein and low carb

96.site of lumbar puncture :

a-Between t12 and L1

b-L1 AND L2

c-L2 AND L3

d-L3 AND L4

e-L4 AND L5

97.case scenario Pt with hx of previous fever I forgot the reamainig scenario but there was a result of csf: Was turbid, +ve cell, increase protein, increase lymphocyte and polymorph Dx

a-TB menegitis (or something realted to TB)

b-Viral encephalitis

c-....

98. case scenario ... ptn in labor, baby in late deceleration, what u will do in this case :

a. change position & give O2. >> my answer

b. give Mg sulfate.

c. give oxytocin

99. Infant born with hemangioma on the right eyelid what is appropriate time to operate to prevent amblyopia:

a. 1 day

b. 1 week >>> my answer

c. 3 months

d. 9 months

100. Pt. has DM and renal impairment, there is diagram for albumin (i don't understand it) when he had diabetic nephropathy will developed:

a. 5y

b. 10y

c. 20y

d. 25y

101. A man who bought a cat and now developed watery discharge from his eyes he is having:

a) Allergic conjunctivitis >> my answer

b) Atopic dermatitis

c) cat scratch disease

102. female with hx of discharge, on examination of cervix there was strawberry spot , what is the dx:

a. Trichomonus vaginalis

103. All are primary prevention of anemia exept:

A-iron and folic acid in pregnancy and postnatal

B-iron food in children

C-limitation of cow milk before 12 months of age

D- genetic test for hereditary anemia >> my answer

104. Old female may be 68 years with itching of vulva , by examination there is pale and thin vagina , no or little discharge .

what is management

a-Estrogen cream >> my answer

b- steroid

c- don't remember

105. patient presented with tender red swelling in the axilla with history of repeated black head and large pore skin in same area: ttt is

a. Immediate surgery

b. Topical antibiotic

c. Cold compressor

d. Oral antibiotic and allow penetration >> my answer

106. what is the most common cause of death in patients with Ludwig's angina?

a-sepsis

b- asphyxiation >> my answer

c-rupture of the wall

107. 2 years child is found to have dental decay in teeth (don't remember the sites or incisors) and the parent said he sleep with milk bottle in his mouth. This is most suggestive of:

A. Excessive fluoride ingestion.

B. Milk-bottle caries. >> my answer

C. Tetracycline exposure.

D. Insufficient fluoride intake.

108. pt with heart disease (CVD I think), his diet consist of 4 vegetables and 4 fruit, 3 meat, 8 breads and 4diary. What is the best advice for him :

a-Increase fruit and vegetable

b- decrease meat and diary

c- decrease meat and bread >> my answer

d- I forgot

109. what is the fluid recommended for child 9 months old with 10kg:

a-900

b-1000 >> my answer

c-1200

110. Diagnosing peritoneal lavage (DPL) positive when:

a-RBC 1000

b-WBC 50

c-2ml at aspiration

d-blood in chest tube

e-2ml in pregnancy

WISH YOU ALL THE BEST

HASSAN ALKHALIFHA

207 PATCH

This is my 2nd exam >>>>

1- elderly patient presented by SOB, rales in auscultation, high JVP, +2 lower limb edema ,what is the main pathophysiology?

- a) Left ventricular dilatation.
- b) **Right ventricular dilatation.**
- c) Aortic regurgitation.
- d) Tricuspid regurgitation.

2- Q about epidemic definition:

When a person is predicted to have increase sensitivity and specificity all time.

3- Q about positive predictive value definition:

4- Old patient complain of urinary incontinence. Occur at morning and at night without feeling of urgency or desire of micturition, without exposure to any stress, what is the diagnosis?

- a) Urgency incontinence
- b) Urge incontinence
- c) Stress incontinence
- d) **Over Flow incontinence**

5- 7 months old boy presented with history of interrupted feeds associated with difficulty in breathing and sweating for the last 4 months. Physical examination revealed normal peripheral pulses, hyperactive precordium, normal S1, loud S2 and Pansystolic murmur grade 3/6 with maximum intensity at the 3rd left intercostal space parasternally. The MOST likely diagnosis is:

- a) PDA (Patent ductus arteriosus).
- b) ASD (Atrial septal defect).
- c) Aortic regurgitation
- d) Mitral regurgitation.
- e) **Large VSD (Ventricular septal defect).**

6- Which of the following medication if taken need to take the patient immediately to the hospital:

- a) 10 tablets
- b) 10 tablets antibiotics
- c) 10 tablets OCPs
- d) **10 tablets Quinine sulfate**

7- Chronic Diarrhea is a feature of:

- a) **Hypernatremia**
- b) HyperCalcemia
- c) water intoxication
- d) Metabolic Alkalosis

8- Patient with N.Gonorrhea bacteremia what is the AB of choice

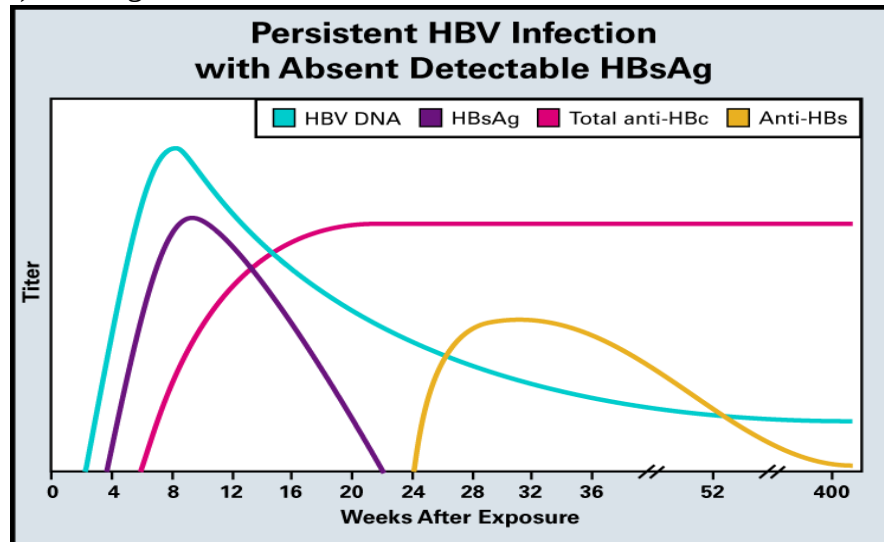
a) **ceftriaxon**

9- in Window period of hepatitis B (there was pic like this) ask about what's purple line and yellow line ?

a) **HBs Ag and IG HBc** not sure

b) HBc Ag and IG HBc

c) HBs Ag and anti HBs



10) Child known case of sickle cell disease with recurrent UTI which is treated, Now he is stable (cbc,chem. within normal) you can discharge him with:

a) **Prophylactic Penicillin**

b) antihistamine

11) A 6 years old girl presented with low grade fever and arthralgia for 5 days. She had difficulty in swallowing associated with fever 3 weeks prior to presentation. Physical examination revealed a heart rate of 150/min and pansystolic murmur at the apex. There was no gallop and liver was 1 cm below costal margin. The MOST likely diagnosis is:

a) Bacterial endocarditis.

b) Viral myocarditis.

c) **Acute rheumatic fever.**

d) Pericarditis.

e) Congenital heart failure.

12) Young patient on anti TB medication presented with vertigo which of the following drug cause this

a) **Streptomycin**

b) Ethambutol

c) Rifampicin

13) Pt. 40yrs come to hospital complain of sharp, central chest pain, exacerbated by movement, respiration, lying down with difficulty in breathing, hypotension, bradycardia, & a lot of thing long scenario the important thing that make diagnosis is the pictures (nearly to these but more smaller in exam):

A- Pneumothorax

- B- MI
- C- Pericarditis
- D- Lung cancer

14) 2 years old known case of sickle cell disease child with hand and foot swelling, crying, You will discharge him with:

- a) penicillin and vaccination

15) initial management for minor burn:

- a- application by water same room temperature
- b) butter
- c) debridement

16- pregnant present with skin infection over hip scaly ,, treatment:

- a- benzoyl peroxide plus cortisone cream.
- b- topical ABx
- c- oral acyclovir
- d- oral ABx

17- long term drug that increase survival life in COPD:

- a- inhaler corticosteroid
- b- oral corticosteroid
- c- beta 2 agonist bronchodilator
- d- O2

18- 5 years old adopted child their recently parents brought him to you with white nasal discharge. He is known case of SCA. What you will do to him:

- a) Give prophylactic penicillin

19- about 11 month with SCD, and about pneumococcal vaccine

- a) give 23 valent in high risk only
- b) give heptavalent after 2 years
- c) child with high risk give the vaccine along with antibiotics when exposed to infected
- d- no need

20- To prevent neonatal infection in hospital :

- a) wash hands before and after each pt

21- A child that is sickler and has had recurrent cholecystitis , and found to have 7 gallstones your management is :

- a) cholecystectomy
- b) ursodiol

22- Best management in case of child ingest unknown drug :

- a) Gastric lavage
- b) activated charcoal
- c) ipec
- d- small bowel irrigation

23- The strongest risk factor for stroke is ;

- 1- smoking
- 2- family history
- 3- **HTN**
- 4- obesity
- 5- hyperlipidemia

24) 73 y presented with bilateral redness no lymphnode swelling no past medical history normal examination Dx:

- a- lymphaginitis
- b- cellulitis
- c- **stasis dermatitis**
- d- pyoderma

25- 10 years old had an episode of rheumatic fever without any defect to the heart. The patient need to take the antibiotic prophylaxis for how long:

- a) 5 months
- b) **6 years**
- c) 15 years

Duration of 2nd prophylaxis prevention depends on cardiac if involve or not :

1- For minimum of 5 years after attack or until child become in 21 years old if no have carditis ..

2- 10 years or well into adulthood if child have carditis but no have valve disease ..

3- 10 years or until 40 years old if valves became affected for all dental and surgical procedures ..

26- child with scoliosis, you need to refer him to the orthopaedic when the degree is:

- a) 5
- b) 10
- c) 15
- d) **20**

27- Patient complaining of pain along median nerve distribution and positive tinell sign treatment include casting of both hand in what position

- a) **Dorsiflexion**
- b) plantar flexion
- c) Extension
- d) Adduction
- e) Abduction

in neutral position of wrist or slight dorsiflexion ..

28- 50 years old male with numbness in the little finger and he has degenerative

cervicitis with restriction in the neck movement, also there is numbness in the ring finger and atrophy of the thenar muscle + compression in the elbow, what you'll do?

- a) **Surgical decompression**
- b) CAT scan for cervical spine

29- Benign tumors of stomach represent almost :

- a) **7 %**
- b) 21 %
- c) 50 %
- d) 90 %

30- clinical feature of HAV in child ask about Dx:

- a- **HAV**
- b- HBV
- c- HCV
- d- HDV

31- Regarding H. Pylori eradication plus PPI what will you give ?

- a) **Clarithromycin and amoxicillin**

32- Patient with hypercholesterolemia, he should avoid:

- a) **Organ meat**
- b) Avocado
- c) Chicken
- d) white egg

33- A man travelled to Indonesia and had rice and cold water and ice cream. He is now having severe watery diarrhea and severely dehydrated, what is the most likely he has:

- a) **Vibrio cholera**
- b) Clostridium difficile
- c) Clostridium perfringens
- d) Dysentery
- e) Shigella

34- peritoneal lavage when to say it's +ve?

- a) 2ml gross blood at initial aspiration
- b) 1000 RBC cu/mm
- c) 50 WBC cu/mm
- d- 2ml gross blood in pregnant women
- e- DPL fluid in chest tube.

I don't know the true answer.

35- best diagnostic tool for GERD:

- a- **history alone**
- b- history and endoscopy
- c- endoscopy alone
- endoscopy for GERD complication.

36- child present with gait , +ve gower sign what's the useful investigation for him ?

- a- hip X ray
- b- **muscle biopsy**
- c- electro....gram

37- femal 52y. old , smoker , Vit D diffeciancy , what's the greatest exogenous rish factor for vertebveal fracture?

- a- **continue smoking**
- b- advanced age
- c- Vit. D difficiency
- d- forget it.

38) 70 year-old man fell on outstretched hand. On examination intact both radial and ulnar pulses, dinner fork deformity. Tender radial head. The diagnosis is:

- a) Fracture of distal ulna & displacement of radial head
- b) Fracture of shaft of radius with displacement of head of ulna
- c) **Colle's fracture**
- d) Fracture of scaphoid

39) Henosch-Scholenpurpura affect:

- a) Capillary and venule
- b) **Arteriole, capillary and venule**
- c) Artery to vein

40) Pic of Snellen's Chart : a person should stand at a distance of :

- a) **6 meters.**
- b) 3 meters
- c) 9 meters
- d) 12 meters

41) patient present with something torso then they describe burn feature : scaly , blanchable, painful, redness, and there is no blister :

- a- Prodromal
- b- **1st degree**
- c- 2nd degree
- d- 3rd degree

this is first degree of burn, if there blister they mean this 2nd , and if not tender and painless that's mean 3rd degree ..

42) Most common cause of postmenopausal benign bleeding:

- A- cervical polyp
- B- cervical something
- C- **atrophic vaginitis**
- D- endometrial hyperplasia

43) patient present with feature of hypothyroidism on investigation increase TRN and (something I'm forget) Dx:

- a- hypopituitarism
- b- **primary hypothyroidism**
- c- secondary hypothyroidism

44) In flame burn , the most common cause of immediate death :

- a) hypovolemic shock
- b) septic shock
- c) anemia and hypoalbumin
- d) **Smoke inhalation**

45) patient with creep sensation leg pain at night improve with movement Tx:

- a- halperodol
- b- diazepam
- c- tradon
- d- prixmole

This case of restless legs syndrome and tradon use in ADHD , treatment by dopamine agonists like pramipexole which you write in D but with wrong spelling ..

46) Entamoeba histolytica cysts are destroyed best by:

- a) **Boiling**
- b) Iodine added to water
- c) Chlorine added to water
- d) Freezing

47) on senllen chart , 70y old read only the 3rd line from up :

- a- 20/100
- b- **20/70**
- c- 20/50
- d- 20/40

48) The greatest method to prevent the diseases :

- a) Immunization
- b) Genetic counseling
- c) Environment modification
- d) **Try to change behavior of people toward health**
- e) Screening

49) Patient taking bupropion to quit smoking what is SE

- a) Arrhythmia
- b) Seizure
- c) xerostomia
- d) **Headache**

50) Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:

- a) Colon
- b) **Bladder**

c) Liver

51) Epidemiological study for smoker said there is 10,000 person in the area , at start of the study there is 2000 smoker, at the end of the study there is 1000 smoker, the incidence of this study is :

- a) 10%
- b) 12.5%
- c) 20 %
- d) **30%**

$$2000 + 1000 = 3000$$

$$3000 / 10,000 = 0.3$$

$$0.3 \times 100 = 30 \%$$

52) An example of secondary prevention is:

- a) **Detection of asymptomatic diabetic patient**
- b) Coronary bypass graft
- c) Measles vaccination
- d) Rubella vaccination

53) Antidepressants treatment associated with hypertensive crisis :

- a) SSRI
- b) **MOAIs**
- c) TCAs

54) patient wash her hand 70 times before sleep >>>>

a- **Obsessive compulsive disorder**

55) student complain of tight headache m priorbital , anh has stress n the work:

- a) **Tension headache**
- b) Migraine headache
- c) sinus headache
- d- vascular headache .

56) case scenario of mania , Tx:

a- **lithium**

57) HMG-CoA side effect : this is statin.

a) **Rhabdomyolysis**

58) One of the following combination of drugs should be avoided

- a) Cephaloridine and paracetamol
- b) Penicillin and probenecid
- c) Digoxin and levadopa
- d) Sulphamethomazole and trimethoprim
- e) **Tetracycline and aluminium hydroxide**

59) What is the ratio of ventilation to chest compression in a one person CPR?

- a) 2 ventilation & 15 compression at rate of 80-100/min
- b) 1 ventilation & 15 compression at rate of 80-100/min
- c) 2 ventilation & 7 compression at rate of 80-100/min
- d) 1 ventilation & 7 compression at rate of 80-100/min
- e) 3 ventilation & 15 compression at rate of 80-100/min

60) 24y old present with Asthma feature what drug is prophylactic for him:

- a) B2 agonist
- b) theophylline
- c) oral steroid

61) Patient has acute respiratory distress syndrome presented with tension pneumothorax the most likely cause:

- a) Central line catheter
- b) Lung damage
- c) O2 100%
- d) -ve pressure

Barotrauma is a well-recognized complication of mechanical ventilation.

Although most frequently encountered in patients with the acute respiratory distress syndrome (ARDS) and can occur in any patient receiving mechanical ventilation.

62) Old patient with of IHD complain for 2 month of redness in lower leg and plus diminished in dorsalis pedis these redness increase in dependent position and limb is cold and no swelling ,diagnosis is

- a) Arterial insufficiency
- b) Thrombophlebitis
- c) cellulites

63) pregnant with last visit her abdomen = 5 Kg and this visit sudden inceased to 8Kg , you suspect preeclampsia what will you do ?

- a - check blood pressure

64) A young female patient who is an office worker presented with itching in the vagina associated with the greenish-yellowish vaginal discharge. Examination revealed red spots on the cervix. The diagnosis is:

- a) Trichomoniasis
- b) Candidiasis
- c) Gonorrhea
- d) Gardnerella vaginalis

65) another case of candida ask about treatment:

- a- miconazole cream for 7 days.

66) secondary amenorrhea:

- a- always pathologic
- b- can be cervical agenesis
- c- part of Sheehan syndrome

d- commonly due to turner syndrome

67) HLA diabetic problem with:

- a-DR 4
- b- DR5
- c- DR6
- d- DR7

68) 2 years old child with hair loss in the temporal area 2X2 Dx:

- a) Trichotillomania
- b) Aplasia certta
- c) aplasia something

this is temporal triangular alopecia

69) You would tell pregnant lady about varicella vaccine in pregnancy : same repeated Q and the correct answer is :

- a- **Avoid pregnancy 1-3 months after vaccination**

70) A patient on IV line developed fever due to infection. The most common source of bacterial contamination of IV cannula:

- a) Contamination of fluid during manufacturing process
- b) Contamination of fluid during cannula insertion
- c) **Contamination at site of skin entry**
- d) Contamination during injection of medication
- e) Seeding from remote site during intermittent bacteremia

71) fissure is Common :

- a) Anterior
- b) **Posterior**
- c) Lateral
- d) in men.

most commonly in posterior midline ..

72) Female patient was presented by dysuria , epithelial cells were seen urine analysis , what is the explanation in this case :

- a) **vulva Contamination.**
- b) Renal stones
- c) chlymedia urethritis
- d) cervical something

73) 50 years old male , smock 40 packs / year develop painless ulcer on the lateral border of the tongue which is rolled in with indurated base and easily bleed what is you diagnosis ?

- a) **Squamous cell carcinoma**
- b) Aphthous ulcer

c) Syphilis

74) Man use sildenafil, to prevent hypotension you should not use :

- a) Nitrate
- b) B blocker
- c) ACIE
- d) CCB

75) Patient complaining of pain when moving the eye, fundoscopy : normal, what is the diagnosis?

- a) Optic neuritis
- b) Papilledema

retrobulbar optic neuritis ..

76) 14 years old girl failed in math exam. Then she had palpitation, tachypnea and parosmia. this is

- a) hyperventilation syndrome
- b) something disorder . by exclude.
- c) anxiety
- d) Münchausen syndrome .

this is panic disorders ..

77) An 80 year old lady presented to your office with a 6 month history of stiffness in her hand, bilaterally. This stiffness gets worse in the morning and quickly subsides as the patient begins daily activities. She has no other significant medical problems. On examination the patient has bilateral bony swellings at the margins of the distal interphalangeal joints on the (2nd-5th) digits. No other abnormalities were found on the physical examination. These swellings represent :

- a) Heberden's nodes
- b) Bouchard's nodes
- c) Synovial thickenings
- d) Subcutaneous nodules .

78) Diffuse abdominal pain "in wave like" and vomiting. The diagnosis is:

- a) Pancreatitis
- b) Appendicitis
- c) Bowel obstruction
- d) Cholelithiasis

79) case of thyroid disorder, patient present with neck swelling tender , ask about diagnosis ?

- a- De Quervain's thyroiditis.

This is De Quervain's thyroiditis which be painful ..

80) question ask about pain localized in right lower quadrant how to inflamed or appearance or pathology of appendicitis ? !:

- a) normal appearance
- b) lymphoid htperplasia and multi..... longest answer
- c) leukocyte in muscle

81) Regarding postpartum depression, what is the most appropriate intervention to reduce the symptoms?

- a) Include family in the therapy
- b) Isolation therapy
- c) Add very low doses of imipramine
- d) Encourage breast feeding

82) Regarding postpartum Psychosis:

- a) Recurrences are common in subsequent pregnancies
- b) It often progresses to frank schizophrenia
- c) It has good prognosis
- d) It has insidious onset
- e) It usually develops around the 3rd week postpartum

83) female come to you asking statistically best effective contraceptive method that is temporary :

- a) IUD
- b) OCP
- c) progestren OCP

84) Antidepressant in patient with somatization disorder and depression:

- a) Elderly need lower dose
- b) Potential side effect shouldn't be discussed
- c) Fluoxetine safe in elderly
- d) Effectiveness assessed after few weeks
- e) Need monitoring of antidepressant level

85) Which of the following is a side effect of bupropion , a drug used to help smoking cessation:

- a) Arrhythmia
- b) Xerostomia
- c) Headache
- d) Seizure

86) Female patient presented with migraine headache which is pulsatile, unilateral, increase with activity. Doesn't want to take medication. Which of the following is appropriate?

- a) Bio feedback
- b) TCA
- c) BB

87) 70 years old male was brought to the ER with sudden onset of pain in his left lower

limb. The pain was severe with numbness. He had acute myocardial infarction 2 weeks previously and was discharged 24 hours prior to his presentation. The left leg was cold and pale, right leg was normal. The most likely diagnosis is:

- a) Acute arterial thrombosis
- b) **Acute arterial embolus**
- c) Deep venous thrombosis
- d) Ruptures disc at L4-5 with radiating pain
- e) Dissecting thoraco-abdominal

88) Patient came to you & you found his BP to be 160/100, he isn't on any medication yet. Lab investigations showed: Creatinine (normal), Na 145 (135-145), K 3.2 (3.5-5.1), HCO₃ 30 (22-30), what is the diagnosis?

- a) essential hypertension
- b) pheochromocytoma
- c) addisons disease
- d) **Primary hyperaldosteronism**

89) Child came to ER with fever, stridor, x-ray showed swollen epiglottitis, in addition to oxygen, what u will do?

- a) Throat examination.
- b) An emergency tracheostomy.
- c) **Endotracheal intubation**
- d) Nasopharyngeal intubation.

90) Old patient with abnormal ear sensation and fullness, history of vertigo and progressive hearing loss , invx low frequency sensorial hearing loss Dx

- a) Acoustic neuroma
- b) Neuritis
- c) **Meniere's disease**

and here my 1st exam :

1)) Patient is a known case of CAD the best exercise:

- a) Isotonic exercise
- b) Isometric exercise
- c) Anaerobic exercise
- d) Yoga

AS: A

2)) which of the following best to tret chlymedia:

- a) Azithromycin
- b) doxycyclin
- c) flucanazole
- d) metronidazol

AS: A&B

3)) Cold induced Urticaria treatment :

- A) verapamil

B) Diphydramine
C) cyproheptadine
AS: C

4)) which of the following is an indication of urgent surgery in Crohn's disease :

a)Fistula
b)Intestinal obstruction
AS: B

5)) when to say peritoial diagnostic lavage (DPL) +ve?

a) 2 ml gross blood
b) Collect in chest tube
c) 1000 RBS \ rbs
d) 500 WBC
e) 2 ml gross blood in pregnant
AS: D

.....
If any of the following are found then the DPL is positive of trauma and operative exploration is warranted

1) 10 cc/blood
2) 100,000 RBCs/mm³
3) 500 WBCs/mm³
4) Presence of bile, bacteria or food particles
5) Serum Amylase > 175IU/ml

6)) Depressed patient has injestion big quantity of Aspirin 6 hours ago, came to ER complaining of nauesa, vomiting, increase respiration, investigatin showed highly elevated level of ASA, what is your action?

a) urine acidity something
b) charcoal
c) haemodialysis
d) Alkalinization of the urine
AS: D

7)) Child was sick 5 days ago culture taken showed positive for meningococcal. Patient now at home and asymptomatic your action will be:

a) Rifampicin
b) IM Ceftriaxone
AS: A

8)) 58 years old female, known case of osteopenia, she's asking you about the best way to prevent compression vertebral fracture, what would you advise her?

a) avoid obesity
b) Vit. D daily
c) Wight bearing exercise
AS: B

9)) What is the most common non-traumatic fracture caused by osteoporosis?

a) Colle's fracture
b) Femoral neck fracture

- c) Vertebral compression fracture
- d) femoral shaft fracture
- e) tibial fracture

AS: C

10)) A 60 year old diabetic man presented with dull abdominal pain & progressive jaundice. On examination he had a palpable gallbladder. The most probable diagnosis is:

- a) Chronic cholecystitis
- b) Common bile duct stone
- c) Carcinoma of the head of pancreas
- d) Gallbladder stone
- e) Hydrocele of the gallbladder

AS: C

11)) question ask about pain localized in right lower quadrant how to inflamed or appearance or pathology !!:

- a) normal appearance
- b) lymphoid hyperplasia trm trm trm
- c) trm trm mucus something
- d) leukocyte in muscle

AS:

12)) What a 4 years child can do :

- a) Draw square & triangle
- b) Say clear sentence
- c) Tie shoes
- d) print his first name
- e) play parallel & trm trm trm

AS:B

13)) Patient complaining of pain along median nerve distribution and positive tinel sign treatment include casting of both hand in what position :

- a) Dorsiflexion
- b) plantar flexion
- c) Extension
- d) Adduction
- e) Abduction

AS: A

14)) Q about Mallory-Weiss syndrome :

- A) most cases treat spontaneously
- B) contraindicated with endoscopy
- c) trm trm with pregnant
- d) something one third something
- e) It needs medical intervention

AS: A

15)) Patient with malaria in outbreak, what is the common way to prevent?

- a) Vector eradication & avoid mosquito bites

b) Kill the vector and spray your clothes
c) Avoid and spray Something
you should know the exact way to prevent malaria
AS: ?

16)) child with his growth chart , BMI = 32,2

- a) normal
 - b) overweight
 - c) Obese
- AS: C

17)) Patient with history of fever, peripheral blood film +ve for malaria:

- a) Banana shaped erythrocyte is seen in P. vivax
 - b) Mostly due to P. falciparum
 - c) Treated immediately by primaquin 10mg for 3 days
 - d) Response to Rx will take 72 hr to appear
- AS: B

18)) after bite, pediatric patient presented with abdominal pain and vomiting , stool occult blood, rash over buttock and lower limbs, edema of hands and soles, urine function was normal but microscopic hematuria was seen:

- a) Lyme
 - b) Henoch-Schonlein Purpura
 - c) EBV
- AS: B

19)) patient on malaria tx , congestive heart failure Tx ,and depression Tx presented with convulsion with medication that cause complain ?

- a) Digoxin
 - b) Quinine
 - c) One of antidepressant (forget it)
- AS: ?

20)) Old patient biddreden present with fever and confusion blood culture +ve with enterococcus fecalis , what's cause of this bacteremia ?

- a) Pneumonia
 - b) UTI
 - c) GIT
 - d) skin
- AS: C

21)) 17y old female present miss 2 menstrual cycle, not sexually active , on physical examination doctor can't examine her well because she was irritable and tense, what's the best next step ?

- a) Reassure her and if there's no period next 3 months , back again
 - b) Do urine pregnancy test
 - c) Pelvic ultrasound
 - d) Check FSH LH
- AS: B

22)) Old patient in this week c/o bilateral knee pain with mild joint enlargement in the morning get stiffness several hour , ESR and CRP normal dx:

- a) Osteoarthritis
- b) Rheumatoid arthritis
- c) osteoporosis
- c) Gout

AS: A

23)) 50 years old male with numbness in the little finger and he has degenerative cervicitis with restriction in the neck movement, also there is numbness in the ring finger and atrophy of the thenar muscle + compression in the elbow, what you'll do?

- a) Surgical decompression
- b) CAT scan for survival spine

AS: A

24)) A old patient on NSAID presents with long time history of knee pain "suggestive of osteoarthritis". Now he complains of unilateral lower limb swelling for 1 week he is c/p knee pain and on examination there is +ve pedal & tibial pitting edema. What is the next appropriate investigation?

- a) CXR
- b) ECG
- c) Echocardiography
- d) Duplex ultrasound of lower limb
- e) CBC

AS: D

25)) The antibiotic prophylaxis for endocarditis is:

- a) 2 g amoxicillin 1 h before procedure
- b) 1 g amoxicillin immediate before procedure
- c) 2 g clindamycine 1 h before procedure
- d) 1 g clindamycine immediate before procedure

AS: A

26)) Child with positive Gower sign which is most diagnostic test :

- a) Muscle biopsy
- b) CT scan
- c) MRI

AS: A

27)) 10 years old had an episode of rheumatic fever without any defect to the heart. The patient need to take the antibiotic prophylaxis for how long:

- a) 5 months
- b) 6 years
- c) 15 years
- d) 3 month

AS: B

28)) case looks like asthmatic patient what's the first drug ?

- a) short B₂ agonist
- b) oral steroid

c) antihistamine
AS: A

29)) long scenario about young male vegetarian presented with brittle spoon shaped nails increase TIBC low Ferritin low Hb low MCV

- a) iron deficiency anemia
- b) sickle cell
- c) anemia of chronic disease
- d) G6PDD

AS: A

30)) Patient with N.Gonorrhea bacteremia what is the AB of choice :

- a) Penicillin
- b) rifambicin
- c) IM ceftriaxone

AS: C

31)) child diagnosed with N Gonorrhea meningitis what's prophylaxis given for his contact ?

- a) penicillin
- b) rifambicin
- c) IM ceftriaxone

AS: B

32)) Regarding postpartum depression, what is the most appropriate intervention to reduce the symptoms?

- a) Include family in the therapy
- b) Isolation therapy
- c) Add very low doses of imipramine
- d) Encourage breast feeding

AS: A

33)) At a day care center 10 out of 50 had red eye in first week , another 30 develop same condition in the next 2 week , what is the attack rate ?

- a) 40%
- b) 60%
- c) 80%
- d) 20%
- e) 90%

AS: C

34)) Patient with high output fistula, for which TPN was ordered , after 2 hours of the central venous catheterization" blood transfusion", the patient become comatose and unresponsive , what is the most likely cause ?

- a) Septic shock
- b) Electrolytes imbalance
- c) Delayed response of blood mismatch
- d) Hypoglycemia
- e) Hypernatremia

AS: B

35)) patient presented with flu like symptoms fever 39 c , red tonsils enlarged , tender lymph node and enlarged , otherwise normal on physical examination ,What's true ?

- a) suspect streptococcal infection more than than viral
- b) suspect viral infection more than streptococcal
- c) equally viral and streptococcal infection
- d) most likely EBV
- e) trm trm Trm

AS: A?

36)) Treatment of erosive gastritis?

- a) Antibiotics
- b) H2 blocker
- c) Depend on the patient situation
- d) Total gastroectomy
- e) sucralfate

AS: C

37)) Young lady on fast food "Fesh Fash" you will give her:

- a) Ca and folic acid
- b) Ca and vit C
- c) zinc and folic acid
- d) zinc and magnisum

AS: A

38)) Kawasaki disease commonly associated with prolonged fevr and:

- a) Strawberry tongue
- b) Coronary artery aneurysm
- c) Rash
- d) Trm trm trm

AS: A

39)) 12 years old boy brought by his parent for routine evaluation, his is obese but otherwise healthy, he is on "Fesh Fash" fast food , his parents want to measure his cholesterol level, what is the best indicator of measuring this child cholesterol?

- a) His parent desire
- b) Family history of early CVA
- c) High BMI
- d) hypercholesterima , something like this !

AS: B

40)) 5 years old child with history of fever and swelling of the face ant to the both ears (parotid gland enlargement) what is the most common complication according this age ?

- a) Orchitis.
- b) encephalitis
- c) labroitis
- d) Meningitis.

AS: D

41)) 70 years old male was brought to the ER with sudden onset of pain in his left lower limb. The pain was severe with numbness. He had acute myocardial infarction 2 weeks

previously and was discharged 24 hours prior to his presentation. The left leg was cold and pale, right leg was normal. The most likely diagnosis is:

- a) Acute arterial thrombosis
- b) Acute arterial embolus
- c) Deep venous thrombosis
- d) Ruptures disc at L4-5 with radiating pain
- e) Dissecting thoraco-abdominal

AS: B

42)) long term drug that Increase survival rate in congestive heart failure :

- a) Enalapril
- b) Isosordil
- c) Furosemide
- d) Spironolactone

AS: A

43)) Best way to secure airway in responsive multi-injured patient is :

- a) Nasopharyngeal tube
- b) Oropharyngeal tube
- c) Endotracheal intubation
- d) O2 mask

AS: A

44)) First treatment for 35y old diagnosed with polycythemia vera ?

- a) Phelbtomy
- b) Some drug
- c) Trm trm trm

AS: A

45)) Pregnant, fullterm, present with agitation comatose, fetal distress , BP: 88/60, fetal distress, what is the diagnosis?

- a) Pulmonary embolism.
- b) Amniotic fluid embolism.
- c) Pulmonary Edema.
- d) MI

AS: B

46)) Patient with scoliosis, you need to refer him to the orthopaedic when the degree is more than:

- a) 5
- b) 10
- c) 15
- d) 20

AS: D

47)) long case about Sickling patient after acute attack, at the end he ask about discharge on :

- a) Penicillin
- b) iron
- c) vitamin

AS: A

48)) patient known case of SLE to prevent complication:

- a) avoid excessive sun exposure
- b) avoid nonprotective sex
- b) Trm trm trm

AS: A

49)) Child with proptosis , red eye , restrict eye movement , normal examination :

- a) Orbital cellulitis
- b) Sinusitis
- c) Herpes zoster
- d) abscess

AS: A

50)) Patient taking a medication , came to the ER suspecting she has overdose of her medication, her symptoms (convulsion, dilated pupil, hyperreflexia and strabismus) the medication is :

- a) TCA
- b) SSRI
- c) Hypervitaminosis

AS: B

51)) 28 years old lady, C/O: chest pain, breathlessness and feeling that she'll die soon..O/E : just slight tachycardia .. Otherwise unremarkable. the most likely diagnosis is:

- a) Panic disorder

AS: A

52)) Arterial injury is characterized by

- a) Dark in color and steady
- b) Dark in color and spurting
- c) Bright red and steady
- d) Bright red and spurting

AS: D

53)) Patient is wearing contact lenses for vision correction since ten years , now coming complaining of excessive tearing when exposed to bright light , what will be your advice to him :

- a) Wear hat
- b) Wear sunglasses
- c) Remove the lenses at night
- d) Saline eye drops 4 times / day

AS: D

54)) 6 month old baby presented to the clinic with 2 days history of gastroenteritis. On examination: decreased skin turgor, depressed anterior fontanelle& sunken eyes. The Best estimate of degree of dehydration:

- a) 3%
- b) 5%
- c) 10%
- d) 15%

e) 25%

AS: C

55)) Patient developed dyspnea after lying down for 2 hours, frothy sputum stained with blood, +ve hepatojugular reflux, +1 leg edema, oncotic pressure higher than capillary 25% edema is:

- a) Interstitial
- b) Venous
- c) Alveolar
- d) Capillary

AS: A

56)) Complication of the rapid correction of hypernatremia:

- a) Brain edema
- b) pleural edema
- c) hypokalemia
- d) trm trm

AS: A

57)) Patient diagnosed with obstructive jaundice best to diagnose common bile duct obstruction:

- a) ERCP
- b) US

AS: A

58)) 50 years old male heavy smoker with 2 years history of dysphagia, lump in the throat, excessive salivation, intermittent hoarseness & weight loss. The most likely diagnosis is:

- a) Cricopharyngeal dysfunction
- b) Achalasia
- c) Diffuse spasm of the oesophagus.
- d) Scleroderma.
- e) Cancer of cervical esophagus.

AS: E

59)) Female underwent abdominal operation she went to physician for check ultrasound reveal metal thing inside abdomen (missed during operation), what will you do?

- a) Call the surgeon and ask him what to do
- b) Call attorney and ask about legal action
- c) Tell her what you found
- d) Tell her that is one of possible complications of operation
- e) Don't tell her what you found

AS: C

60)) 58 years old very heavy alcoholic and smoker. You find 3 cm firm mass at Right Mid cervical lymph node, Most appropriate next step is :

- a) CT of brain.
- b) CT of brain
- c) needle biopsy.
- d) Excisional biopsy.
- e) Indirect laryngoscopy.

AS: C

If there's hoarseness = E

Or this scenario

55 years old male pt, presented with just mild hoarseness, on exam, there was a mid cervical mass, best investigation is :

- a) Indirect laryngoscope
- b) CT brain
- c) CT neck

61)) Old patient presented with fever, Ear pain & discharge ,headache , parasthesia and hemiparesis on the same side, moist skin most likely cause:

- a) Epidural abscess
- b) Spinal cord abscess
- c) Subdural hematoma
- d) trm trm hemorrhage
- e) herpes zoster – ganglion

AS: E

62)) Middle age male came to you gunshot to his femur, when you explore you found a 5 cm destroy of the superficial femoral artery what you will do?

- a) Ligation and Observation
- b) splint & some thing but NOT Debridement and saphenous graft
- c) Debridement and venous graft
- d) Debridement and arterial graft
- e) Debridement and prosthetic graft

AS: C

63)) What is the first step in minor burn :

- a) Wash by water with room temperature
- b) Place an ice
- c) application a butter
- d) debridment visible skin

AS: A

64)) In flame burn , the most common cause of immediate death :

- a) hypovolemic shock
- b) septic shock
- c) anemia and hypoalbumin
- d) Smoke inhalation

AS: D

65)) Patient G3 P3 all her deliveries were normal except after the second one she did D&C , Labs all normal except: high FSH, high LH, low estrogen, what s the diagnosis?

- a) Ovarian failure
- b) Asherman syndrome
- c) Turner syndrome
- d) Sheehan syndrome

AS: A

66) post C/S lady present with discharge secrete a lot of discharge and u can see the internal organ through the wound:

- a) Wound dehiscence
- b) Clostridium infection

AS: A

67)) 7 years old child had history of chest infection which was treated with antibiotics. The patient presented 6 weeks after cessation of antibiotics with abdominal pain, fever and profuse watery diarrhea for the past month. Which of the following organisms is responsible for the patient's condition?

- a) Giardia Lamblia
- b) Clostridium Difficile
- c) Escherichia coli
- d) Clostridium Perfringens

AS: B

68)) case scenario patient null parity 24y old infertility presented with amenorrhea cyclic pain on examination tenderness lower abdomen investigation I'm forget it:

- a) uterine fibroid
- b) endometriosis
- c) pelvic inflammatory disease

AS: A

69)) Q about Gonorrhea , direct question , I think about most common organism

70)) 29 years Old female has a breast lump in the upper outer quadrant of the left breast, firm, 2 cm. in size but no L.N involvement, what is the most likely diagnosis?

- a) Fibroadenoma
- b) Fibrocystic
- c) cancer
- d) abscess

AS: A

71)) Notching on the lower edges of the fourth to the ninth ribs indicate enlarged intercostal arteries eroding the lower border of the ribs in cases of?

- a) Coarctation of aorta
- b) VSD

C)ASD
d)PDA
AS: A

72)) long case, at the end ask about cause of syncope in aortic stenosis :

- a) Systemic hypotension
- b) arrhythmia
- c) trm trm

AS: A

73)) 17 years old adolescent, athletic ,with history of Right foot pain planter surface, diagnosis is:

- a) Planter fasciitis
- b) vulgus
- c) brother of vulgus

AS: A

74)) Patient on Amitriptyline 30 mg before bed time wakes up with severe headache and confusion, what's the appropriate action?

- a) Shift him to SSRI's
- b) Change the dose to 10 mg 3 times dail
- c) Continue on the same

AS: A

75)) Which psychiatric disease is treated with electroconvulsive therapy :

- a) Paranoia
- b) Major depression
- c) agrophobia
- d) trm trm trm

AS: B

76)) Pregnant lady, 8 weeks gestation, came with History of bleeding for the last 12 hours with lower abdominal pain & she passed tissue. On examination the internal Os was 1cm dilated. The diagnosis is:

- a) Complete abortion
- b) Incomplete abortion
- c) Missed abortion
- d) Molar pregnancy
- e) Threatened abortion

AS:B

77)) pregnant lady 30 week, presented after fall down with painless dark bloody discharge trm trm trm your diagnosis:

- a) placenta previa
- b) placenta abrupt
- c) DIC

AS: A

78)) patient trm trm trm when loss 1 liter of body fluid you will loss:

- a) 0,5 kg
- b) 1kg

- c) 1,5kg
 - d) 2kg
- AS: B

79)) One of these not live vaccine:

- a) HBV
 - b) OPV
 - c) MMR
 - d) BCG
 - E) rubella
- AS: A

80)) What is the most important factor in attempt of successful cessation of smoking is?

- a) The smoker's desire to stop smoking
 - b) The pharmacological agents used in the smoking cessation program.
 - c) Frequent office visits.
 - d) Physician's advice to stop smoking
 - e) Evidence of hazards of smoking
- AS: A

81)) adult male come to you for the best way to prevent hypertension, he is nonsmoker, BMI: 28, his preesure: 139-130/95-90 ?

- a) weight reduction, exercise
 - b) like choice (a) slight different
 - c) sodium free diet
 - d) fat something
- AS: A

82)) hypertensive present with trm trm trm , BP: 170/100 , he is on 2 type of antihypertensive but still high pressure , Na: ?forget K: ?forget what's the most cause ?

- a) Addison's disease
- b) pheochromocytoma
- c) hypothyroidism
- d) SIADH

AS: Q not complete.

83)) Treatment of scabies:

- a) Permethrin

I'm sure it's not the correct answer, I choice it but get Zero in dermatology !

84)) Patient with dysphagia, ptosis, and double vision , his disease is due to:

- a) Antibodies to acetylchline receptors.
- AS: A

85)) Patient came with fatigue, weight loss and diarrhea. He received a blood transfusion when he was in kenea. He has low grad fever. The vitals are stable, Skin EX. There is contagious mollosom in groin (i guess it written like this)

There is generalized lymphadenopathy and palpable liver ,, what is the diagnosis:

- a) secondary syphilis
- b) persistent chronic hepatitis B
- c) HIV
- d) acute lymphoma

AS: C

**86)) ask about the character of nodule that mostly use to diagnose Neurofibromatosis
Coffee-de latte confirms diagnosis of Neurofibromatosis:**

- a) Arch-leaf nodule
- b) Axillaries and inguinal freckling
- c) another dispersion choices .. trm trm trm

AS: B

87)) Flu like symptoms since two days and now has red eye, what is the diagnosis:

- a) Viral conjunctivitis
- b) Bacterial conjunctivitis
- c) Uveitis
- d) Glaucoma

AS: A

88)) Picture of Snellen's Chart : a person should stand at a distance of :

- a) 3 meters.
- b) 6 meters
- c) 9 meters
- d) 12 meters.

AS: B

89)) A 3 weeks old baby boy presented with a scrotal mass that was transparent & non-reducible. The diagnosis is:

- a) Hydrocele
- b) Inguinal hernia
- c) Epididymitis .

AS: A

90)) Q about vaginal discharge and what the treatment:

- a) cream b)) metronidazole c)) doxycycline

AS: ?

اختباري الثاني يبدأ بعد الخط الفاصل

**Pregnant lady came to antenatal clinic for routine checkup
her Glucose tolerance test was high glucose, diagnosed as
gestational DM, management:**

- a. Nutritional advice
- b. Insulin
- c. OHA
- d. Repeat GTT

repeated Q case of epilepsy female lactating on phenobarb your action:

- a. stop phenobarb immediately
- b.start lactation after 8 hours of medication
- c.continue as the mother and child wish
- d.start child weaning after 2 weeks

case about pregnant lady came with vaginal bleeding and pain .. the pain and bleeding increases with time :

Abruptio placenta .a

Placenta previa .b

.c

42. Female on antibiotic has white cottage cheesy vaginal discharge

a) Candida

What's true about trichomonas :

Thick greenish discharge

Treatment of candidiasis :

Miconazole

Case about patient came with bleeding less than usual menstrual cycle.. the best initial invx:

B hcg

**Typical picture of oculomotor nerve palsy: stroke with loss of smell,
which lobe is affected?**

a) Frontal

b) Parietal

c) Occipital

d) Temporal

**There is outbreak of diphtheria and tetanus in community, regarding to
pregnant woman:**

a. contraindication to give DT vaccine

b. if exposed , terminate pregnancy immediately

c. if exposed , terminate after 72 hour

d. give DT vaccine anyway

woman want to take MMR she is breast feeding you tell her:

1- may be given in breast feeding

2-it contains live virus which will be transmitted to the baby

3-contraindicated in pregnancy

5- stop breast feeding for 72 hours

q about positive predictive value :

- a.correlation between those of high risk and have the disease
- b. correlation between those of low risk and have the disease
- c. correlation between those of high risk and not have the disease

Attributable risk???

attributable risk is the difference in rate of a condition between an exposed population and an unexposed population

8 y/o child with BMI= 30 and his height is more than 95 % for his age ... the next step? Scenario not complete because the rest not important?

- a. Observation and follow after 12 month
- b. Surgical intervention
- c. Obesity medication
- d. Life style modification

Patient with blood group A had blood transfusion group B , the best statement that describe the result is

- a) type IV hypersensitivity
- b) inflammatory reaction
- c) antigen antibody complex against patient

Note : here no type 2 hypersensitivity in the answers

Epidemic curve :

a) histogram in which the number of new cases of a disease is plotted against an interval of time to describe a specific epidemic or outbreak

Increase survival rate in heart failure

- a) Enalapril
- b) Isosordil
- c) Furosemide
- d) Spironolactone

Asthma prophylaxis:

a. oral steroid

b. b2 agonist

theophylline .d

Child with erythematous pharynx with cervical lymph node and rapid streptococcal test negative and low grade fever with positive

EBV what's treatment:

a. Acetaminophen with bed rest

case about patient came with epigastric pain on examination pulsating abdominal mass next inv:

A. MRI

B. ENDOSCOPY?

Note no ct

A boy fell down on his elbow , the lateral x-ray shows:

a. Anterior Pad sign

b. Posterior pad sign

c. Anterior line of humerus intersecting the cubitum

d. Radial line forming 90 degree with cubitum

Young boy with cold intolerance and tremor and suicidal thinking came to you on examination his pulse was 109 pal pal DX:

Hyperthyroidism

Panic attack

Agoraphobia

child on chemo , he developed septicemia after introduce IV

canula , What is

causative organisms

hib

pseudomonas

strept

klebsiella

Old patient, bedridden with bacteremia “organism is enterococcus fecalis”, what the source of infection?
a) UTI
b) GIT

Female with neck swelling firm, large, and lobulated, positive antibodies against thyroid peroxidase, what is the diagnosis?
a) Hashimoto's thyroiditis
b) graves

Case about female patient came with breast cancer and they put a large schedule full of inv.. they ask about next:
a. staging
b. lumpectomy.
pla pla

in flame burn ,the most common cause of immediate death is
a/ hypovolemic shock
b/ septic shock
c/ smoke inhalation

.long scenario about pt had hypopigmented areas with peripheral neuropathy , thick nerve ,and other symptoms
diagnosis :
a. tubercles
b. leprosy

One of the following is a S/E of furosemide:
a. hyperkalemia
b. hypoglycemia
c. hypokalemia

patient came with liver problem and he has mania which to give
:
lithium

Patient on Amitriptyline .what is potential side effect :

Weight gain (a)

b) Hyperpigmentation

c) Salivation

d) Dystonia

A man who is thinking that there is Aliens in his yard although that he knows that Aliens are not existing but he's still having these thoughts especially when he is out of home he is afraid to be die due to that ..Dx

A/obsession B/ delusion C/ hallucination D/ illusion

ماني متأكد ميه بالميه لان عندي غلط واحد بالسايكتري

73 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day, your recommending :

a) advise him to exercise

b) Stop smoking

c) wear sunscreen

اعتقد الجواب هذا غلط لان عندي غلط بالعيون واسئلة العيون الثانيه سهله وواضحه .. هذا اتوقع يوقف التدخين لان له علاقه بال dryness والله اعلم

30 years old man presented with history of left-sided chest pain & shortness of breath. BP 80/50. on examination, hyper-resonant chest on the left side. The most likely diagnosis:

a) pneumonia with pleural effusion.

b) MI.

c) spontaneous pneumothorax

مادري صراحه

Case about old male came with temporal arthritis symptoms and he asked about inv:

Biopsy from temporal

what is true about marasmus disease:

a- In contrast to kwashiorkor, it affects the low socioeconomic status

b- It is due to late weaning

c- It leads to growth retardation & wt loss

To prevent neonatal infection in hospital :

a) wash hands before and after each pt

Case about patient came with unilateral knee swelling for 2 days under microscope he has needle-like morphology and strong negative birefringence what's your ttt:

A.allopurinol

b.Indomethasin

regarding Mallory Weiss syndrome:

A)most common cause of hematemesis pregnancy

b-resolve spontaneously without treatment

c-the endoscopy is contraindicated

d-needs surgical intervention.

pt with tingling of the little finger, atrophy of the hypo thenar, limitation of the neck movement, X-ray shows degenerative cervicitis, EMG study shows ulnar nerve compression, what will you do:

A- Surgical cubital decompression

B- Cervical CT scan

C- NSAID

D- Physiotherapy

my 2nd exam

73 y presented with bilateral redness no lymphnode swelling
no past medical history normal examination Dx:

- a- lymphaginitis
- b- cellulitis
- c- **statis dermatitis**
- d- pyoderma

Null hypothesis :

- e) The effect is not attributed to chance
- f) There is significant difference between the tested populations
- g) **There is no significant difference between the tested populations**

Patient complaining of pain along median nerve distribution and
positive tinel sign treatment include casting of both hand in what
position

- a) **Dorsiflexion**
- b) plantar flexion
- c) Extension
- d) Adduction
- e) Abduction

- 35 yr old with painful eye movement and decrease visual acuity is
having:

- a. **Optic neuritis**
- b. Retinitis pigmentosa
- c. Central retinal artery occlusion
- d. Central retinal vein occlusion

case about swelling naso lacrimal (dacrocysitits) and he ask about ttt:

oral antibiotics

Young female ,complaining of severe headaches over long period, now
she starting to avoid alchol, not to smoking, doing heathy happits, and
she

notes that she had improved over her last prgnancy,, what you think
about

her condition?

a) biofeedback

b) she was on b-blocker

c) alcohol cessation

Q about to confirm thalassemia :

Hb A2 .a

Genetic .b

مع انه سهل لكن لخبطت فيه واخترت الثاني وطبعا غلط

Q about recurrence of breast cancer depend on :

Age

Stage

Number of lymph nodes

Most common side effect of antipsychotics:

A. Alopecia

B. Weight gain

C. Hypotension

D. Constipation

Salpingitis and PID on penicillin but not improve, what is the most likely organism?

a) Chlamydia

b) Neisseria gonorrhea

c) Syphilis

d) HSV

مادري والله

Which of the following medication can be used as prophylaxis in appendectomy: a. Cephalexin b. Ceftriaxone c. Metronidazole d. Vancomycin e. Ampicillin

مادري والله يمكن سي

testicular tumor is radiosensitive

, and (4) yolk sac choriocarcinoma embryonal carcinoma, (2) teratoma, (3) tumor. **Seminoma**

What is true about Peritonitis :

a-chemical irritation can cause it.

b-Associated with abdominal rigidity which increase as the Paralytic

ileus develops.

Patient present with testicular pain, O/E: bag of worms, what is the diagnosis?

a) Varicocele

female 55 years has history of breast cancer underwent for operation before several month . now has bone pain and diagnosed as osteoporosis Treatment

1-biphosphonate

2-vit D supplement

3-regular exercise

متأكد قرئت بالكتاب انه اذا كان في تاريخ لسرطان الثدي البسفوسفونات هو الافضل وابتحوا عنها

bulimia associated with :

a.hypokalemia

b.metabolic acidosis

لخبطت فيه بالامتحان ركزوا بالمصطلحات والله تلخبط

**patient with premature ejaculation , no previous problems with
wife ttt:**

SSRI

Sublingual nitrates

Injection testosterone

**Case of decrease sleeping along with persistent hypertension what
is the cause of persistent HTN :**

sleep apnea وانت مغض

**An 80 year old retired carpenter complains of a pain in his left
shoulder, he can't sleep on his Lt side because of it, can't raise his
hand up, on examination, limited range of motion, x-ray showed
osteopenia, Dx:**

*** Osteoporosis.**

*** Adhesive capsulitis.**

*** Sub-acromial bursitis.**

*** Biceps muscle tear.**

Most common nerve injury with humerus fracture is :

Radial

Ulnar

Median

Case he mention positive obturator and psoas sign :

Appendicitis .a

Acute cholecystitis .b

In a certain study they are selecting the 10th family in each group that is the type of study:

a. Systemic study

b. Non-randomized study

c. Stratified study

Man went on vacation he noticed white patch in his chest which become more clear after getting sun and speared to chest?

pytriasis versicolor .a

vitilligo.

Pytrisis rosacea. C

Q about Roaccutane(isotretinoin) S.E:

Birth problems

One of the Anti-psychotics causes ECG changes , Leukopenia, drooling :

a) Respirodone

b) Clozapine

c) Amisulpride

Holding breath spells

A-mostly occurs between age of 5-10

B-increase risk of epilepsy

C-know precipitant of generalized convulsion

D-diazepam may decrease the attack

Patient have normal Na , Cl , urine PH ALL electrolyte were normal except HCO₃ was low : (serum PH not mention) a) met

acidosis (not sure) b) met alkalosis c) res acidosis d) Respiratory alkalosis (compensated)
عقدني مادري صراحه لانه مافيه serum ph

Romberg sign lesion in :

a) Dorsal column

b) cerebellum

c) sensory cortex

Old patient with sudden onset of chest pain, cough and hemoptysis, ECG result right axis deviation and right bundle branch block , what is the diagnosis

a) MI

b) Pulmonary embolism

C.pericarditis

Trichitallomania ttt:

Fluxetine

Note no clomipramine with answers

regarding hypokalemia **exept:**

- st depression

- prevented with digitalis use

- occur in non ketotic diabetic hyperosmolar

Child with picture of pneumonia treated with cefotaxime but he got worse with cyanosisintercostals retraction and shifting of the trachea and hemothorax on x-ray, the organism:

Pneumocystis carinii

Strep pneumonia

Staph aureus

Pseudomonos

Enodmetriosis inv:

Laproscopy احفظها صم

Urti + vertigo:

Cholesteatome

Vestibular neuritis

child with 2 * 2 cm hair loss at the temporal area , normal examination , microscopic examination of hairs arround the area show clubbed and attenuated hairs , the diagnosis is : a) tinea capitus b) alopecia areata c) Trichotillomania **d) Telogen Effluvium**

diabetic patient , diagnosed 2 weeks back came to your clinic at scheduled appointment supposed to be at 10:00 AM but because you were having another complicated case , he had to wait for more than an hour , and he was extremely angry , what u will do :

- a. be empathetic as this anger is mostly because of the new morbidity diagnosed at this patient
 - b. you start your talk with him by saying "I was having a hard case "
 - c. Don't say anything regarding being late unless he brings it up
 - d. you star YOUR TALK WITH HIM BY SAYINH "you seem furious"**
- متأكد مليار بالمية لاني حصلت السؤال نفسه حرفيا باختبارات الامريكية والجواب كان الاخير .. والشرح يقولون اذا كان المريض معصب لازم تقابله بعباره تصف عصبيته !!؟

If you see patient and you face difficulty to get accurate information from him, what is the best to do?

- a) Ask direct question
 - b) Ask open question**
 - c) Control way of discussion
- برضو حصلتھا بنفس المرجع السؤال حرفيا والجواب كان تسال اسئلة مفتوحة حتى لو لم يستجب

In child sleep with milk bottle in his mouth, the most common complication is;

a- Dental caries

b- Aspiration pneumonia ???

70 years old female presented with pelvic mass .. Weight loss ..

Anorexia .. The best specific investigation for her is:

A) ultra sound

B) colposcopy

C) ca125

D) CT scan

My SLE EXAM AT 9/1/2014

This is what I remember from my exam at 9/1/2014 some q I repeat it sorry for that many q I cant remember
This is my effort

basic science

Which of the following describes the end of the early inflammatory phase :

- a) Formation of scar.
- b) Formation of ground base of collagen.
- c) The end of angiogenesis

A patient on IV line developed fever due to infection. The most common source of bacterial contamination of IV cannula:

- a) Contamination of fluid during manufacturing process
- b) Contamination of fluid during cannula insertion
- c) Contamination at site of skin entry
- d) Contamination during injection of medication
- e) Seeding from remote site during intermittent bacteremia

orthopedic

Old man with bilateral knee pain and tenderness that increase with walking and relieved by rest

- a) RA
- b) OA

15. Old male c/o knee pain on walking with crepitus x-ray show narrow joint space and subchondral sclerosis:

- a) Rheumatoid arthritis
- b) Osteoarthritis
- c) Gout

Old male complaining of right hip pain on walking the pain increased at the end of day when he wake up in morning he complaining of joint pain and stiffness

- a) Osteoarthritis
- b) Osteomyelitis
- c) Osteoporosis

30 years old male with history of pain & swelling of the right Knee , synovial fluid aspiration showed yellow colour, opaque appearance, variable viscosity, WBC 150000, 80% poor mucin clot ,, Dx is:

- a) Goutism Arthritis
- b) Meniscal tear
- c) RA
- d) Septic Arthritis
- e) Pseudogout arthritis

Radiological finding in lateral view for elbow dislocation :

- a) Posterior fat pad sign

Patient complaining of pain along median nerve distribution and positive tinel sign treatment include casting of both hand in what position

- a) Dorsiflexion
- b) plantar flexion
- c) Extension
- d) Adduction

e) Abduction

OPHTHALMOLOGY

Patient with trachoma in eye. for prevention you should

- a) Water sanitation
- b) Water sanitation & eradication of organism
- c) Mass treatment

By covering test done to child the other eye turn laterally, diagnosis is

- a) Exotropia strabismus

ENT

Nasal decongestant (Vasoconstrictive) can cause:

- a) Rhinitis sicca
- b) Rebound phenomena
- c) Nasal septal perforation

A lady with epistaxis after guttary of the nose, all true except:-

- a) Don't snuff for 1-2 days
- b) Use of nasal packing if bleeds again
- c) Use of aspirin for pain

5 years old adopted child their recently parents brought him to you with white nasal discharge. He is known case of SCA.

What you will do to him:

- a) Give prophylactic penicillin

psychiatry

Young female with BMI 18, fine hair allover body, feeling of she is fat, doesn't eat well with excessive exercise...

- a) Anorexia nervosa
- b) Body dysmorphic disorder
- c) Bulimia nervosa

A 25 year old secondary school teacher that every time enters the class starts sweating and having palpitation, she is a fired to give wrong information and be unparsed. What is the diagnosis?

- a) Specific Phobia
- b) Social Phobia

Female with hair on different site of body and refuse intake of food and BMI<18 and feel as body is fat so diagnosis

- a) Anorexia nervosa
- b) Bulimia nervosa
- c) Body dimorphic syndrome
- d) Anxiety

A 40 year old man who become sweaty with palpitation before giving a speech in public otherwise he does very good at his job, he is having:

- a) generalizes anxiety disorder
- b) Performance anxiety
- c) Agoraphobia
- d) Depression

DERMATOLOGY

Child with fever and runny nose, conjunctivitis and cough then he developed Maculopapular rash started in his face and descend to involve the rest of the body:

- a) EBV
- b) Cocxaci virus
- c) Rubella virus
- d) Vaccini virus

Patient complaining of back pain and hypersensitive skin of the back, on examination, patient had rashes in the back, tender, red base distributed in belt-like pattern on the back, belt-like diagnosis is:

- a) Herpes Zoster
- b) CMV

FAMILY MEDICINE

Most effective method for health education

- a) Mass media
- b) Group discussion
- c) Internal talk

What is the most common medical problem faced in primary health care is?

- a) Coryza
- b) UTI
- c) Hypertension
- d) Diabetes

The greatest method to prevent the diseases :

- a) Immunization
- b) Genetic counseling
- c) Environment modification
- d) Try to change behavior of people toward health
- e) Screening

before giving influenza vaccine , you should know if the patient allergy to which substance

- a) shellfish
- b) Egg

A lady came to your clinic said that she doesn't want to do mammogram and preferred to do breast self- examination, what is your response?

- a) Mammogram will detect deep tumor
- b) Self-examination and mammogram are complementary.
- c) Self-examination is best to detect early tumor

Female patient developed sudden loss of vision "both eyes" while she was walking down the street, also complaining of numbness and tingling in her feet, there is discrepancy between the complaint and the finding, on examination reflexes

and ankle jerks preserved, there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action?

- a) Call ophthalmologist
- b) Call neurologist
- c) Call psychiatrist
- d) Reassure her and ask her about the stressors

Forcing the child to go to the toilet before bedtime and in the morning, you'll control the problem of;

- a) Enuresis

17 years old, she missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do:

- a) Give her double dose vaccine
- b) Give her the second dose only
- c) Revaccinate from start
- d) See if she has antibody and act accordingly

Child with positive skin test of TB and previously it was -ve, what is the treatment of this child?

- a) INH alone
- b) INH + Rifampicin
- c) INH + Rifampicin + streptomycin
- d) no treatment
- e) Full regimen for TB

Epidemiological study for smoker said there is 10,000 person in the area, at start of the study there is 2000 smoker, at the end of the study there is new 1000 smoker, the incidence of this study is :

- a) 10%
- b) 12.5% my answer
- c) 20 %
- d) 30%

All of the following are risk factors for heart disease except:

- a) High HDL
- b) Male
- c) Obesity

Outbreak and one patient come to doing tuberculin test and its negative, what to do?

- a) BCG
- b) Isoniazid

osteoporosis risk, According to above graph

- a) 18 % develop osteoporosis after age of 80
- b) 80 % of elderly have osteoporosis
- c) Age directly related to risk of osteoporosis
- d) Pt after 80 at high risk of osteoporosis

Case control study is :

- a) you start from outcome and look for exposures

10 years old child brought by his parents because they were concern about his weight, he eats a lot of fast food and French fries, your main concern to manage this patient is :

- a) His parents concerning about his weight
- b) His BMI > 33

c) Family history of heart disease

d) Eating habit (fast food , French fries)

MEDICINE

Middle aged patient with an a cyanotic congenital heart disease the X-ray show ventricle enlargement and pulmonary hypertension

a) VSD

b) ASD

c) Truncus arteriosus

d) Pulmonary stenosis

70 years old male came with history of leg pain after walking, improved after resting, he notice loss of hair in the shaft of his leg and become shiny;

a) Chronic limb ischemia

b) DVT

Young patient with HTN came complaining of high blood pressure and red, tender, swollen big left toe, tender swollen foot and tender whole left leg. Diagnosis is:

a) Cellulitis

b) Vasculitis

c) Gout Arthritis my answer

Premature ventricular contraction is due to:

a) Decrease O2 requirement by the heart

b) Decrease blood supply to the heart

c) Decrease O2 delivery to the heart

The antibiotic prophylaxis for endocarditis is:

a) 2 g amoxicillin 1 h before procedure

b) 1 g amoxicillin after procedure

c) 2 g clindamycin 1 h before procedure

d) 1 g clindamycin after procedure

How can group A beta streptococci cause rheumatic heart disease?

a) When they cause tonsillitis/pharyngitis.

b) Via blood stream.

c) Through skin infection.

d) Invasion of the myocardium.

Holding breath holding, which of the following True?

a) Mostly occurs between age of 5 and 10 months

b) Increase Risk of epilepsy

c) A known precipitant cause of generalized convulsion

d) Diazepam may decrease the attack

An outbreak of TB as a prophylaxis you should give :

- a) **Give BCG vaccine**
- b) Rifampicin
- c) Tetracycline
- d) H. influenza vaccine

The most specific investigation for pulmonary embolism is:

- a) Perfusion scan
- b) X-ray chest
- c) Ventilation scan
- d) **Pulmonary angiography**

PPD positive, CXR negative : (incomplete Q)

- a) **INH for 6 months**
- b) INH and rifampicin for 9
- c) reassurance

Patient K/C of uncontrolled asthma moderate persistent on bronchodilator came with exacerbation and he is now ok, what you will give him to control his asthma?

- a) Systemic steroid
- b) **Inhaler steroid**
- c) Ipratropium

Gastric lavage can be done to wash all of the followings except:

- a) **Drain cleanser**
- b) Vitamin D
- c) Diazepam
- d) Aspirin

Benign tumors of stomach represent almost :

- a) **7 %**
- b) 21 %
- c) 50 %
- d) 90 %

Vitamin C deficiency will affect :

- a) **Collagen synthesis**
- b) Angiogenesis
- c) Epithelization
- d) Migration of microphage

Patient with perianal pain, Increase during night and last for few minutes :

- a) **Proctalgiafugax**
- b) Ulcerative colitis

A middle age man presented with severe headache after lifting heavy object. His BP was high. He was fully conscious. Examination was otherwise normal. The most likely diagnosis is:

- a) **Subarachnoid hemorrhage**

- b) Central HTN
- c) Tension headache
- d) Migraine
- e) Intracerebral hemorrhage

The most common cause of non-traumatic subarachnoid hemorrhage is:

- a) Middle meningeal artery hemorrhage
- b) Bridging vein hemorrhage
- c) Rupture of previously present aneurysm

Girl with band like headache increase with stress and periorbital, twice a week, what is the diagnosis?

- a) Tension headache
- b) migraine
- c) cluster

80 years old male patient, come with some behavioral abnormalities, annoying, (he mentioned some dysinhibitory effect symptoms), most postulated lobe to be involved:

- a) Frontal
- b) Parietal
- c) Occipital
- d) Temporal.

The commonest initial manifestation of increased ICP in patient after head trauma is

- a) Change in level of consciousness
- b) Ipsilateral pupillary dilatation
- c) Contralateral pupillary dilatation
- d) Hemiparesis

87 years old who brought by his daughter, she said he is forgettable, doing mess thing in room , do not maintain attention , neurological examination and the investigation are normal, what is the diagnosis?

- a) Alzheimer disease
- b) Multi-Infarct Dementia

Female patient developed sudden loss of vision (both eyes) while she was walking down the street, also complaining of numbness and tingling in her feet ,there is discrepancy between the complaint and the finding, on examination reflexes and ankle jerks preserved,there is decrease in the sensation and weakness in the lower muscles not going with the anatomy, what is your action?

- a) Call ophthalmologist
- b) Call neurologist
- c) call psychiatrist
- d) Reassure her and ask her about the stressors!

26 years old female present with 6 month history of bilateral temporal headache increased in morning & history of OCP last for 1 year, on examination BP 120/80 & papilledema, what is the diagnosis?

- a) Encephalitis
- b) Meningitis
- c) Optic neuritis
- d) Benign intracranial hypertension
- e) Intracerebral abscesses

Male old patient has signs & symptoms of facial palsy (LMNL), which of the following correct about it?

- a) Almost most of the cases start to improve in 2nd week
- b) it need treatment by antibiotic and anti viral
- c) contraindicated to give corticosteroid
- d) usually about 25 % of the cases has permanent affection

An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:

- a) Osteoporosis
- b) Osteoarthritis
- c) Rh. Arthritis

Male patient present with swollen erythema, tender of left knee and right wrist, patient give history of international travel before 2 month, aspiration of joint ravel, gram negative diplococcic, what is most likely organism?

- a) Neisseria gonorrhea
- b) staphcoccus
- c) streptococcus

Osteoporosis depend on

- a) Age
- b) Stage
- c) Gender

30 years old male with hx of pain and swelling of the right knee, synovial fluid aspiration showed yellow color opaque appearance, variable viscosity. WBC = 150,000 , 80% neutrophil, poor mucin clot, Dx is :

- a) Goutism Arthritis
- b) Meniscal tear
- c) RA
- d) Septic arthritis
- e) Pseudogout arthritis

Young male with unilateral gynecomastia

- a) Stop soya product
- b) compression bra at night
- c) It will resolve by itself

23. The most active form is:

- a) T4
- b) T3
- c) TSH

You received a call from a father how has a son diagnosed recently with DM-I for six months, he said that he found his son lying down unconscious in his bedroom, What you will tell him if he is seeking for advice?

- a) Bring him as soon as possible to ER
- b) Call the ambulance
- c) Give him his usual dose of insulin
- d) Give him IM Glucagon
- e) Give him Sugar in Fluid per oral

Female patient did urine analysis shows epithelial cells in urine, it comes from:

- a) Vulva my answer
- b) Cervix
- c) Urethra
- d) Ureter

30 years old with repeated UTIs, which of the following is a way to prevent her condition?

a) Drink a lot of fluid

b) Do daily exercise

Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:

a) Colon

b) Bladder

c) Liver

The most common cause of chronic renal failure:

a) HTN

b) DM

c) Hypertensive renal disease

d) Parenchymal renal disease

e) Acute glomerulonephritis

A 29 years old man complaining of dysuria. He was diagnosed as a case of acute proctitis. Microscopic examination showed gram negative rods which grow on agar yeast. The organism is:

a) Chlamydia.

b) Legionella

c) Mycoplasma

The most accurate to diagnose acute Glomerulonephritis is:

a) RBC cast in urine analysis

b) WBC cast in urine analysis

c) Creatinine level increase

d) Shrunken kidney in US

e) Low Hgb but normal indices

Most common cause of ESRD:

a) HTN

b) DM

50 years old patient complaining of episodes of erectile dysfunction, history of stress attacks and he is now in stress what you will do?

a) Follow relaxation strategy

b) Viagra

c) Ask for investigation include testosterone

Patient with epilepsy came with left shoulder pain, on examination flattened contour of the shoulder, and fixed adduction with internal rotation, what is the diagnosis?

a) Inferior dislocation

b) subacromial posterior dislocation

c) subglenoid anterior dislocation

d) subclavicle anterior dislocation

e) subclavicle anterior dislocation

In flame burn , the most common cause of immediate death :

a) hypovolemic shock

b) septic shock

c) anemia and hypoalbumin

d) Smoke inhalation

In IV cannula and fluid:

a) Site of entry of cannula is a common site of infection

Patient with high output fistula, for which TPN was ordered , after 2 hours of the central venous catheterization, the patient become comatose and unresponsive , what is the most likely cause ?

- a) Septic shock
- b) **Electrolytes imbalance**
- c) Delayed response of blood mismatch
- d) Hypoglycemia
- e) Hypernatremia

Adolescent female counseling on fast food. What you should give her?

- a) **Calcium and folic acid**
- b) Vitamin C and folic acid
- c) Zinc and folic acid
- d) Zinc and vitamin C

Sickling patient after acute attack, discharge on

- a) **Penicillin**
- b) iron
- c) vitamin

Patient with CVA came after 6h give him

- a) **Aspirin**
- b) t- PA
- c) colpidogril
- d) heparin Most common cause of CVA, Mostly embolic resource
- a) **AF**
- b) VSD

58 years old female, known case of osteopenia, she's asking you about the best way to Old lady with recent osteoporosis ask about drug to prevent lumbar fracture

- a) **Vitamin D**
- b) Bisfosphonate
- c) Exercise

Patient with a scenario going with liver cirrhosis with ascites, diet instructions:

- a) **High carbs, low protein**
- b) Sodium restriction

100% O2 given for prolonged periods can cause all except:

- a) Retrosternal Pain
- b) Seizures
- c) **Depression**
- d) Ocular Toxicity

GENERAL SURGERY

Which of the following breast mass is bilateral?

- a) Paget disease
- b) **Lobular carcinoma**
- c) Mucinous carcinoma

What's true about screening of breast cancer?

- a) **Breast self-exam and mammography are complementary**

The management of breast engorgement:

- a) **Warm compression with continue breast feeding**
- b) cold compression with stoppage of breast feeding
- c) cloxacillin with continue breast feeding

Female 13 years old , came complaining of mass in her left breast in lower outer quadrant , it is soft tender about 2 cm in size , patient denies its aggravation and reliving by special condition her menarche is as age of 12, what is diagnosis :

- a) **Fibroadenoma**
- b) Fibrocystic disease

A 3 weeks old baby boy presented with a scrotal mass that was transparent & non reducible. The diagnosis is:

- a) **Hydrocele**
- b) Inguinal hernia

Male singer with colon cancer stage B2: which of the following correct?

- a) **No lymph node metastases**
- b) One lymph node metastasis
- c) Two lymph node metastasis
- d) Lymph node metastasis + distant metastasis

27 years old patient complaining of back pain on walking on examination there was stiffness of the muscle and there was some finding on the X-Ray best effective treatment?

- a) **Physiotherapy**
- b) NSAID
- c) Surgery

15 years old boy with dark urine, dark brown stool, positive occult test, what to do?

- a) **Isotope scan**
- b) Abdomen ultrasound
- c) X-Ray
- d) barium

24 year old patient with asymptomatic congenital inguinal hernia:

- a) Immediate surgery
- b) Surgery indicated when he is >35 y
- c) **Elective surgery if it is reducible**

17 years old adolescent, athletic ,with history of Right foot pain planter surface, diagnosis is:

- a) **Planter fasciitis**

Fourth degree hemorrhoids, Management is:

- a) **Hemoridectomy (IV)**
- b) band ligation (III)
- c) sclerotherapy (II)
- d) Fiber diet (I)

Patient with perianal pain, examination showed tender ,erythematous, fluctuant area ,treatment is

- a) **Incision and drainage**
- b) Antibiotic + sitz bath

Surgical wound secrete a lot of discharge and u can see the internal organ through the wound

- a) **Wound dehiscence**
- b) Clostridium infection

Peritoneal lavage in trauma patient :

- a) **500 WBCs/mm³**
- b) 2 ml gross blood.

- c) 2 ml in pregnant lady.
- d) DPL is useful for patients who are in shock and when FAST capability is not available

What is the percentage of The Benign tumors of the Stomach?

- a) **7%**
- b) 20%
- c) 77%
- d) 90%

37 years old post cholecystectomy came with unilateral face swelling and tenderness. Past history of measles when he was young. On examination moist mouth, slightly cloudy saliva with neutrophil and band cells. Culture of saliva wasn't diagnostic. What is the diagnosis?

- a) Sjogren Syndrome
- b) Parotid cancer
- c) **Bacterial Sialadenitis**
- d) Sarcoidosis
- e) Salivary gland tumor
- f) Salivary gland stone

The most common cause of nipple discharge:

- a) High prolactin level (my answer).
- b) **Intraductal papilloma**

a colorectal carcinoma that invades the submucosa and has two positive lymph nodes and no metastasis is :

- a) stage 1
- b) stage 2
- c) **stage 3**
- d) stage 4

which one make you relief when you aspirate a Brest mass:

- a) **Clear serous fluid in the needle**

Male complaining of groin pain with heavy objects and coughing, O/E reducible swelling in the right groin area, what u should tell the patient regarding his problem ?

- a) Should do emergency surgical removal.
- b) **Should do elective surgical removal**
- c) it will predispose to cancer
- d) It will disappear after medical treatment

The most common cause of nipple discharge in non-lactating women is

- a) prolactenoma
- b) hypothyroidism
- c) breast cancer
- d) Fibrocystic disease with ductal ectesia.
- e) **ductal papilloma**

the wound stay in early inflammatory phase until :

- a) epithelial tissue formation
- b) angiogenesis
- c) **the wound steril**

PEDIATRIC

Child is complaining of severe headache which is unilateral, throbbing and aggravated by light, diagnosis:

- a) **Migraine**
- b) Cluster Headache

c) Stress Headache

Child came with fatigue 'pic of anemia 'and stunted growth, his blood works shows microcytic hypochromic anemia, diagnosis is:

- a) Thalassemia
- b) Sideroplastic
- c) lead poisoning
- d) **Iron deficiency anemia**
- e) SCA

Infant with bright blood, black stool and foul smelling stool. Best way to know the diagnosis:

- a) US
- b) **Radio Isotope scan**
- c) Angiogram

Child develop purpuric rash over his extremities, this rash was preceded by upper respiratory tract infection 1 week ago. What is your diagnosis?

- a) ITP
- b) **Henoch shaolin purpura**

Twins (boy and girl) the father came asking why his daughter start puberty before his son :

- a) Girls enter puberty 6-12 months before boys
- b) **Girls enter puberty 2-3 years before boys**
- c) Girls enter puberty 1-2 years after boys
- d) Girls enter puberty as the same age of boys

6 moths baby with undescending testis which is true:

- a) Till the mother that he need surgery
- b) **In most of the cases spontaneous descent after 1 year**
- c) surgery indicated when he is 4 years
- d) Unlikely to become malignant

Forcing the child to go to the toilet before bedtime and in the morning, you'll control the problem of;

- a) **Enuresis**

Child known case of sickle cell disease with recurrent UTI which is treated, Now he is stable (cbc,chem. within normal) you can discharge him with:

- b) a) **Prophylactic Penicillin**

Boy12 years old come to you complaining of that he worries about himself because he see that his friends has axillary hair and he is not like them , about sexual maturity of boys what is first feature :

- a) **Testicular enlargement, in females breast buds**
- b) penile elongation
- c) hair in axilla
- d) hair in the pubic area

Child with moderate persistent BA On bronchodilator inhaler. Presented with acute exacerbation what will you add in ttt:

- a) **Corticosteroid inhaler**
- b) Ipratropium bromide inhaler

Newborn with fracture mid clavicle what is true

- a) Most cases cause serious complication
- b) Arm sling or figure 8 sling used
- c) **Most patient heal without complications**

A child is about to be given FLU vaccine, what allergy should be excluded before giving the vaccine?

- a) Chicken
- b) **Egg**
- c) Fish

3 years old boy in routine exam for surgical procedure in auscultation discovered low pitch murmur continues in the right 2nd intercostal space radiate to the right sternal border increased by sitting & decreased by supine, what you want to do after that?

- a) Send him cardiologist
- b) **Reassurance & tell him this is innocent murmur**
- c) Do ECG

Child with positive skin test of TB and previously it was –ve, Treatment of this child?

- a) **INH alone**
- b) INH + Rifampicin
- c) INH + rifampicin+ streptomycin
- d) no treatment
- e) Full regimen for TB

A patient presented with fatigue, loss appetite & bloody urine. She gave History of sore throat 3 weeks back. The most likely diagnosis is:

- a) hemorrhagic pyelonephritis
- b) **Post streptococcal GN**
- c) Hemorrhagic cystitis
- d) membranous GN
- e) IgA nephropathy

2 months infant with white plaque on tongue and greasy, past history of chlamydia conjunctivitis after birth treated by clindamycin, what is the treatment oral thrush?

- a) **Oral nystatin**
- b) Topical steroids
- c) Topical acyclovir
- d) Oral tetracycline

Child present with URTI, lymphadenopathy, splenomegaly ttt :

- a) Amoxicillin
- b) **Supportive treatment only**
- c) Clindamycin

17 years old girl missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do

- a) Give her double dose vaccine
- b) **Give her the second dose only**
- c) See if she has antibody and act accordingly

DKA in children, all of the following are true EXCEPT:

- a) Don't give K⁺ till lab results come
- b) ECG monitoring is essential
- c) If pH < 7.0 give HCO₃⁻
- d) NGT for semiconscious pt
- e) **Furosemide for patient with oliguria**

Child presented with history of restless sleep during night, somnolence "sleepiness" during day time, headache....etc the most likely diagnosis is

- a) Sinopulmonary syndrome
- b) **Sleep apnea**
- c) Laryngomalacia
- d) Adenoidectomy

Vasoconstrictive nasal drops complication :

- a) **Rebound phenomenon**

Acute gait disturbance in children, all of the following are true EXCEPT:

- a) **Commonly self-limiting**
- b) Usually the presenting complaint is limping
- c) Radiological investigation can reveal the Dx
- d) most often there is no cause can be found

Child with fever and runny nose, conjunctivitis and cough then he developed Maculopapular rash started in his face and descend to involve the rest of the body:

- a) EBV
- b) Cocxaci virus
- c) **Rubella virus**
- d) Vaccini virus

Child was playing and fell in the toy, his leg rapped and twisted he don't want to walk since yesterday:?

- a) ankle tissue swelling
- b) **spiral tibial fracture**
- c) chip tibial fracture
- d) femur neck of the tibia fracture

2 years old child with hair loss in the temporal area and boggy swelling " I think was 3 cm !! , multiple pustules ... ?

- a) Trichotillomania
- b) Aplasia cutis congenital
- c) **Kerion**
- d) favus

perthes disease all except

- a) Can be presented with painless limp
- b) **It always unilateral**

OBSTETRIC/ GYNECOLOGY

Female patient with DM well controlled and she wants to get pregnant, and she asked you about the risk of congenital abnormality, to avoid this diabetes control should start in:

- a) **Before pregnancy**
- b) 1st trimester
- c) 2nd trimester
- d) 3rd trimester

Pregnant lady, she wants to do a screening tests, she insist that she doesn't want any invasive procedure, what you well do?

- a) **U/S**
- b) Amniocenteses

A 28 year lady with 7 week history of amenorrhea has lower abdominal pain , home pregnancy test was +ve , comes with light bleeding, next step:

- a) Check progesterone
- b) **HCG**
- c) Placenta lactogen
- d) Estrogen
- e) Prolactin

Regarding postpartum Psychosis:

- a) **Recurrences are common in subsequent pregnancies**
- b) It often progresses to frank schizophrenia
- c) It has good prognosis
- d) It has insidious onset
- e) It usually develops around the 3rd week postpartum

Pregnant lady underwent U/S which showed anteriolateral placenta. Vaginal exam the examiner's finger can't reach the placenta:

- a) Low lying placenta
- b) Placenta previa totalis
- c) Placenta previa marginalis
- d) Placenta previa partialis
- e) **Normal placenta**

Lactating women 10 days after delivery developed fever, malaise, chills tender left breast with hotness and small nodule in upper outer quadrant with axillary LN. Leucocytic count was $14 \times 10^9/L$ dx:

- a) Inflammatory breast cancer
- b) **Breast abscess**
- c) Fibrocystic disease

Pregnant lady in 3rd trimester DM on insulin, patient compliance to medication but has hyperglycemic attacks, the common complication on fetus is:

- a) hyperglycemia
- b) **hypoglycemia**
- c) hypocalcaemia
- d) hyponatremia

what is true about dysfunctional uterine bleeding :

- a) Occur during ovulatory cycles
- b) **Adolescent girls can have it**
- c) It is most commonly in post menopause

Female patient with irregular menstrual cycle it comes every other month and lasts 7-8 days with a very heavy bleeding making her to put double pads yet these pads will be soaked completely. The best description is:

- a) Menorrhagia.
- b) Polymenorrhia.
- c) Metrorrhagia.
- d) **Metromenorrhagia**

MY exam : "11.2.2014 mosab mohamed albasha" :

well first of all i wish these Qs help u guys and sorry i couldn't remeber the whole scenarios as my exam was full of long scenarios and drama so i will try to make the questions clear as much as i can inshallah ;

1.
long senario 9 years girl brought by her parents ... barking cough + stridor asking about the treatment :
epinephrine + steroid
wide spectrum antibiotic <<< my answer
2 other irrelevant choices
.....

2.
55 y.o with a family history of DM type 2 he came for routine check up
FBG = 6 i guess ... almohim within the normal range
HBA1C = 8.5
prediabetes <<< my answer
diabetes type 2
and 2 other stupid choices
.....

3.
repeated Q ,,, 6 years child HBsAg + and the mother is +ve
he didn't recieve any vaccine accept BCG
what will u give him now
the choices u know it
.....

4.
case about female she pickle "weird word"
her hair while studying presented by 4 cm bald area
alopecia areata <<<< my answer
i don't remeber the rest of options but my answer was right
.....

5.
case about dry eye smoker asking for advise
easy one ,,,, stop smoking.
.....

6.
Q about lethium is more effective in :
mixed maniac
classic mania
cyclin something
i don't even remeber my answer :D
.....

7.
what the most of these drugs cause dry mouth
and they menthioned 4 drugs i've never heard about them
.....

8.
Q about medication of anxiety disorder
also 4 medications and i picked alprazolam
.....

9.
very long senario "even longer than indian movies"
any way they gave alot of stupid things the significant is there is a muscle twiching when u tap a facial nerve
"chvostek sign +ve
normal serum vitamin D elevated PTH createning is 285 calcium was very low
diagnosis is :

pseudohypoparathyroidism
chronic renal failure <<<< i picked it
2 irrelevant choices

10.
RA patient has multiple swellings on hands tissue without deformity
ur advice to preserve the hand function in the future :
NSAID could be helpful
he should receive regular intra articular steroid inj
DMARDs indicated when the disease in stage 3
i forgot last option sorry.

11.
case about infant with red lump in his left shoulder started to growing after delivery
cavernous hemangioma

12.
IBD with developed ano fistula management :
treatment of IBD before fistulotomy
botulin toxin before fistulotomy
2 other options full of craps

13.
picture of foot swelling and redness "toxic biting" :
cobra
scorpion
2 other options

14.
x ray pic... what do u see in the spine pelvis and femur
spondylosis of lumbar spine
Paget disease <<<< my answer
other 2 options
http://www.google.com.sa/imgres?um=1&hl=ar&tbm=isch&tbid=u6yUCkOGA8hu6M%3A&imgrefurl=http%3A%2F%2Fimages.rheumatology.org%2Fviewphoto.php%3FalbumId%3D75679%26imageId%3D2861845&docid=fAX8WS0G2fx1pM&imgurl=http%3A%2F%2Fimages.rheumatology.org%2Fimage_dir%2Falbum75679%2Fmd_99-17-0009.tif.jpg&w=550&h=367&ei=1wn6UqydK4af0QWljIH4Ag&zoom=1&ved=0CHIQHbwwCw&iact=rc&dur=572&page=1&start=0&ndsp=18&biw=1366&bih=665

15.
long scenario about old age loss of weight and all features of malignancy in this patient
but the question is how much calory per 1 pound fat loss : something like that :D
2400
3500 <<<< my answer
4400

16.
skin rash scalp, forehead the face around the eyebrow area and on either side of the nose treatment :
ketoconazole cream <<<< mine

17.
long scenario 20 y.o male with alot of symptoms "suggested depression"
how to ask him about that :
do u have sleep problem lately
did u think to suicide
are you depressed

.....
18.
Mènière's disease,,,,, diet advice ;
high salt high caffien
low salt high caffien
low salt low caffien
high salt low caffien
.....

19.
pt with anticoagulant should avoid eat ;
garlic
ginkgo<<<< mine
Spinach
.....

20.
Q about study among 10.000 patients about the lubricant is leading to cancer
i don't know what they meant by lubricant but it sounds filthy anyway.
they study duration was 20 years after that they found 750 from highly exposure have cancer and 150 of low
exposure have cancer .,, the question about the incidence per 1000 per year :
.0045
45
.0025
2.25
sorry i wrote this question like a mess i hate such Qs..
.....

21.
Q about old age hematuria loin pain passing of clots and scrotal pain :
RCC
.....

22.
long scenario child with hand and leg pain and trunkal nodule :
JRA
septic arthritis
2 other things
.....

23.
Q about hearing test in child bone conduction is :
half as long as air conduction
double
50 % of conduction is something
.....

24.
old with family history of hear loss he cant hear radio and tinnitus at night bla bla bla
best investigation is :
CT scan
mri
magnetic resonance imaging
.....

25.
sudden loss of vision since past day with pain and something going on with the other eye pupil i don't
remember
so Dx:
brain stem tumor
pituitary tumor
2 other options.
.....

26.

pt comatose with pinpoint pupils :

naloxone <<< mine

atropine

2 other antidots

.....

27.

question about procedure of pap smear how many sample and from where exactly
i don't remember the choices as it was confusing

.....

28.

long senario pregnant with hypertension and protinurea ++

she recieved magnesium sulphat and hydralazine

now the RR is 12 what to give :

atropin

calcium gluconate <<<< mine

2 other options

.....

29.

long senario old postmenopause with HTN and atrophic vaginitis

beside her HTN what will u give her :

estrogen intravaginal

hot bath 4 time bla bla

2 other options

.....

30.

kwashikor ;

high protien low carbs

low carbs low protien

low protien high carbs <<< mine

.....

31.

lont senario of women with adenomatous Endometrial what is the cause of this adenomatous Endometrial :
affected by estrogen reseptor or somthing

genetic mutation

percursor changing ,,,, something

.....

32.

long senario old man has alot or maybe all respiratory symptoms he is a pathology book walking

anyway almost every test was normal except there is basal emphysema and he diagnosed earlier as a case
of emphysema

you diagnosis is :

alpha 1 antitrypsin deficiency <<< my answer

.....

33.

patient said the fridge talk to him and he can hear it bla bla :

visual halucination

audatory halucination

dellusional effect

.....

34.

repeated Q child with sit with W shape or something like that

case of medial femoral torion i quess

.....

35.

Q about plaque and how to advice ppls ;

eradication of rodents <<<< mine

hand washing

.....

36.

Q about breast self examination :

should be in front of mirror

should use lubricant oils

husband maybe helpful or something

.....

37.

gonorrhoea pt ... Of who the doctor must trace to treat ?:

sexual partners

contacts

family

.....

38.

child with unilateral scrotal swelling reduced when lying down the cause of this :

failure closure of processus vaginalis <<<< my answer

other options i don't remember.

.....

39.

Q about pt diagnosed DM1 when he should have oph. check up

after 5 y then annually

.....

40.

direct Q female with left arm abscess Tx is :

antibiotic + incision and drainage

.....

41.

tx of infant e abdominal colic include :

antispasmodic

changing the milk

hot bath

.....

42.

long senario pt went in to climb a mountain in a very cold area 0 c

he came with pale leg and loss of sensation ,,, preferal pulses r intact tx:

apply hot air to affected leg

immersion in hot water

2 other craps

.....

43.

very long senario full of useless info at the end of history he said the pt found to have lower back muscle spasms

no other abnormality ,,,, Tx:

physiotherapy

.....

44.

another long scenario about female 30 y.o with history of amenorrhoea for 3 years he asked about the possible complication of amenorrhoea for long time :

infertility

ovarian cancer

.....

45.

pt with amenorrhoea high prolactin testosterone and fsh and low LH ,, i think it was like that he said what additional investigation would u order :

TSH and T3 T4

TSH and progesteron

glucose level and something
one more option i forgot

.....
46.

case of amenorrhoea facial hair obesity i missed the rest of the scenario but he asked about Dx and i think it was polycystic ovary

.....
47.

newly diagnosed DM2 he is obese and on diet control he came for check up and he still gaining weight and his glucose level is 19.5 mmol ... Tx:

sulphonylurea

insuline

metformin

.....
48.

weird question all what i remember they ask about some thing related to manage pain and every option contain a body system plus a drug name for eg :

respiratory "Acetaminophen"

gastric "morphine"

and the option i chose was -----> cardiac:tramadol ,, i don't know why i chose it ,, i just liked it.

.....
49.

true about acupuncture:

control acute pain for long time

control acute pain for short time

control chronic pain for long time

control chronic pain for short time

.....
50.

young male came with tachycardia all ix and examination r normal what Ix:

computed p-r

echo

cardiac enzyme

.....

In the name of ALLH
exam Q on 8/1/194

5 month baby has a 2 cm enlarging hemangioma in the back what is the proper management ???

- a) excision
- b) systemic corticosteroid
- c) intralesional corticosteroid injection
- d) observation**

pt is pale diaphoretic has left flank pain and vomiting
his abnormal labs r

low K 2.3 + high CL 114 + low HCO₃ 15 + urea n + Na n + urin PH 6.5
I'm sure i didn't miss any info

a) metabolic acid

- b) metabolic alk
- C) resp alk
- D) resp acidosis

with explanation OK

Renal tubular acidosis (RTA) is composed of a group of disorders characterized by an inability of the kidney to resorb bicarbonate/secrete hydrogen ions, resulting in hyperchloremic, normal anion gap metabolic acidosis. Renal function (glomerular filtration rate [GFR]) must be normal or near normal.

thanks to dr وحيد قلبه he is the one find the dz

old pt around 70 complaining of loss of memory forgetting the names and language problems

Ex : NS examination is normal there is memory and visuospatial abnormalities

the CT show enlarged ventricle with brain atrophy
multi-infarct dementia

Alzheimer

PD

Pt has retired from his work 6 month ago after 2 month from his retirement he get easily fatigue, his appetite dec he start to be isolated On examination "I'm

sure it was written" all the criteria of depression was clearly their, what is the dx

a) major depression

b) adjustment syndrome with depression mood ← im sure this is the answer

pt is 35 yo has hx of RV and MS

Findings :

pansystolic murmur over the apex and diastolic rumbling murmur also over the apex

ECG : AF

ECOH : dilated LV LA RA with inc pulm pre valve is thickened calcified valve area is < 0.7

a) closed valve commissurotomy

b) open valve commissurotomy

c) balloon valvoplasty

d) total mitral replacement

e)

valve area is 4 to 5 cm². In mild **mitral stenosis**, the MVA is 1.5 to 2 cm², in moderate stenosis it is 1 to 1.5 cm², and in severe stenosis it is less than 1 cm². ESC/EACTS guidelines recommend percutaneous balloon commissurotomy in symptomatic patients with favorable characteristics, symptomatic patients with contraindications or high risk for surgery, symptomatic patients with unfavorable anatomy but without unfavorable clinical characteristics, and in asymptomatic patients without unfavorable characteristics and a high thromboembolic risk and/or a high risk of hemodynamic decompensation.[7]

Contraindications to percutaneous mitral commissurotomy include mitral valve area > 1.5 cm², left atrial thrombus, more than mild mitral regurgitation, severe or bicommissural calcification, absence of commissural fusion, severe concomitant aortic valve disease or severe combined tricuspid stenosis and regurgitation, and concomitant coronary artery disease requiring bypass surgery.[7]

If percutaneous balloon commissurotomy is not an option, patients should be referred for surgical repair or mitral valve replacement.

Surgical correction of the mitral stenosis is indicated if embolization is recurrent, despite adequate anticoagulation therapy.

pt complain of migraine symp that it is not relieving completely by acetaminophen she is not smoker not alcoholic and avoiding stress what is the best way to prevent the migraine attacks

- a) Beta-blocker
 - b) biofeedback
-

child his family brought him bec he is limping and not walking steadily. the baby milestone was normal according to his age. He had a mild lordotic back Trendelenburg gait Gower sign +ve what is the best Inx to reach the diagnosis

- a) ESR
 - b) hip Xray or CT
 - c) m. biopsy
 - d)
-

pt came complaining of sever Headache and pain in the periorbital area that is preceded by numbness on examination there was periorbital eye lid swelling and nasal congestion

- a) tension headache
 - b) cluster HA**
 - c) migraine
-

patient came with excruciating pain in the 1st toe on examination there was pain on moving the 1st MTP Joint and the overlying skin was erythematous "NOTE: no any INX result was mentioned"

- a) sodium urate ← my answer which is possibly wrong
- b) Ca pyrophosphate

other version of this Q Y ung pt came with hx of acute painful swelling of the first metatarsophalangeal joint, redness, tenderness, fever 38c, what is the etiology:

- a- Staph aureus** = septic artheritis
 - b- Sodium urate deposition
 - c- Pyro phosphate calcium deposition
-

football player get hit on the medial side of his knee
the medial side of the knee is red swollen and tender
the impo thing +ve valgus test of that knee

-ve Lachman and McBurny test

A) medial collateral lig sprain

B) lateral coll lig sprain

C) medial meniscus tear ← +ve valgus stress test

D) lateral meniscus tear

E) patellar fracture

best method to detect the breast cystic lesion 'without mentioning the age"

A) mammo

B) US ← my answer

C) FNA

D) MRI

E) CT

pt complain from dec libido and erectile dysfunction for I think 6 weeks or month "sorrly i forget" but the INX

PRL 800 mIU/L very high the normal is till 300 something

FSL 4 within normal

LH 11 within normal

what is the INx

fasting blood gluc

testosterone level

abdominal CT

brain MRI

pt with who have allergic conj during spring for 8 years. he is working in a garden ... or farm ... he can't avoid allergens what u should advice him to do on the evening to dec the symptoms

1) protective contact lenses

2) irrigate with viniger خل

3) cold compression ← my answer it could be wrong

4) wash his eye with water

5) sleep in the room under the air condition

the most impo things in the Q that there was no drug and it was a Q abt what

to advice him to do in the night after he finish his work in the garden

2 yr old kid get fever for 2 days then in the 2nd day he become drowsy with vomitng and diarrhea and appearance of Petecheal skin rash which spread rapidly all over the body

a) mesels

b) rocky mountainn fever

c) HSP

d) kawasaki

e)

it is B most probably :

Initial symptoms:

Fever

Nausea

Emesis (vomiting)

Lack of appetite

Late symptoms

abdominal pain

Rash

The most characteristic feature of RMSF is a rash that develops on days 2 to 4 of illness after the onset of fever, and it is often quite subtle. Younger patients usually develop the rash earlier than older patients. Most often the rash begins as small, flat, pink, non-itchy spots (macules) on the wrists, forearms, and ankles. These spots turn pale when pressure is applied and eventually become raised on the skin. The characteristic red, spotted (PETECHEAL) rash of Rocky Mountain Spotted Fever is usually not seen until the sixth day or later after onset of the symptom

this is a simillar case to the one I get but longer

and I get the same beginning as this case in my exam regardless the age which i don't rememeber

12 year old male who presented to the office 2 days ago with a 2 day history of fever, headaches, malaise, and generalized myalgias

<http://www.hawaii.edu/medi.../pediatrics/pedtext/s06c26.html>

pt get a deep laceration in the anterior surface of the wrist, what abnormality is expected "NOTE : no name of any nerve was mentioned"

A) the pt will not be able to flex the MCP

b) wrist drop

c) claw hand

d) loss sensation.... I think the hand

e) unable to oppose the thumb in front of other fingers

another version of the Q : 20 years old man sustained a deep laceration on the anterior surface of the wrist. Median nerve injury would result in:

a) Claw hand defect

b) wrist drop

c) Sensory deficit only.

d) Inability to oppose the thumb to other fingers

e) The inability to flex the metacarpophalangeal joints.

pt complaining of mass in the throat there is no dysphagia. Barium study and Endoscopy are normal

A) globus pharyngis

B) esophageal carcinoma

C) achalasia

Globus pharyngis (also known as **globus sensation** , **globus** or, somewhat outdatedly, **globus hystericus**, commonly referred to as having a "**lump in one's throat**"), is the persistent sensation of having [phlegm](#), a pill or some other sort of obstruction in the [throat](#) when there is none. Swallowing can be performed normally, so it is not a true case of [dysphagia](#),

Baby born normal after 5 weeks his family brought him bec he get dyspneic during breastfeeding and there was pansystolic murmur "without any further details even the site of the murmur was not mentioned"

a) VSD

b) Hypoplastic left ventricle

c) Coarctation of aorta

d) Subaortic hypertrophy

e) coarctation of the aorta

NOTE I don't remember if the baby get cyanosed or not OK
I expect this the same Q as this old Q

114. Baby born & discharge with his mother, 3weeks later he started to develop difficulty in breathing & become cyanotic, what is most likely diagnosis?

what is the effective ttt in cases of common mastalgia ???

A) OCP

B) benzodiazepine

c) NSAID

Pt complaining of Calf m. pain

pt complaining of fatigability exercise intolerance and day time insomnia he has uncontrolled HTN despite being complaint to his medication “his reading “170/110”, his BM 40, plethoric. What is the cause of persistent HTN

NOTE : there was no electrolyte results no glucose readings

A) renovascular

B) 1ry hyperaldosteronism

C) pheochromocytoma

D) DM type 2

E) sleep apnea

pt c/o calf pain for the past 2 days the pain become more progressive on ex there is localized redness swelling hotness and tenderness the pt tenp 100.8F “I’m sure of the temperature and it was localized”

A) thrombophlebitis

C) cellulitis

D) stasis dermatitis

girl was complaining of itching b/w here fingers in both hands specially at night on Ex there was linear lesions which end on black dots on here skin
Dx scabies

baby complaining of pain and nasal obstruction after he fall on his face 2 days ago one Ex there is tenderness when moving the nasal bone what is the appropriate action ???

a) X-ray of the nasal bone

b) analgesic

c) excision and drainage

30 year old pt –ve past Hx he get attacks of SOB each time he pass beside an industrial area. He left without medication and instructed to visit ER each time he get the attack. He came after few days to ER with dry cough dyspnea slightly inc RR and slightly inc HR with diffuse wheeze and bilateral decreased breath sound with prolonged expiratory phase. What is the proper treatment?

A) SABA

B) methylxanthine

C) theophylline

D) oral corticosteroid

girl was complaining of itching b/w her fingers in both hands specially at night on exam there were linear lesions which ended on black dots on her skin
Dx scabies

130. Prospective study of 10,000. From the start of the study 2000 were already diabetic, additional 1000 thousand had diabetes by the end of the study. What is the incidence of diabetes?

a) 10.4 %

b) 12.5 %

c) 15 %

d) 25 %

e) 50 %

1000 which are the new cases

8000 which is the 10 000 minus the old cases

$1000 / 8000 = 12.5$

A patient on IV line developed fever due to infection. The most common source of bacterial contamination of IV cannula:

a) Contamination of fluid during manufacturing process

b) Contamination of fluid during cannula insertion

c) Contamination at site of skin entry

d) Contamination during injection of medication

e) Seeding from remote site during intermittent bacteremia

child with history of fever, peripheral blood film +ve for malaria:

a) Banana shaped erythrocyte is seen in *P. vivax*

b) Mostly due to *P. falciparum*

- c) Treated immediately by primaquin 10mg for 3 days
 - d) Response to Rx will take 72 hr to appear
 - e) anthropocentric is not seen in malaria
-

Null hypothesis :

- A) the power of a study to show the strong association b/w 2 population is null
 - B) The difference b/w population is attributed to chance
 - C) There is significant difference between the tested populations
 - g) There is no significant difference between the tested populations**
-

Epidemic curve :

- a) histogram in which the number of new cases of a disease is plotted against an interval of time to describe a specific epidemic or outbreak
-

pt cam complaining of tearing and photophobia, there was perilimbal ciliary flush clear anterior chamber tears was obvious fluoroscopy show dendritic ulcer what is the Dx

- a) corneal laceration
 - b) corneal abrasion
 - c) anterior hypopyon
 - d) herpes simplex keratitis**
-

what is the immediate action to be done for pt with Minimal burn

- 1) wash with room temp water** ← this is my answer could be wrong
 - 2) apply ice
 - 3) fixed strong wash by water to remove particulate matter
 - 4) apply batter
-

12-17 yo known asthmatic came with RR 25 bBP 110/70 and SO2 88 wheezing all over how to treat

- a) albuterol**
 - b) montelukast
 - c) beclomethasone
-

pt cam with burn after using tanning bed "waaaw :)" on examination skin blanchable red swollen what is the degree of burn
prodromal

1st deg

2nd deg

3rd deg

bacteroid faecalis enterocolitis ttt? “NOTE : Im sure from the ABx and routs”

a) ampicillin IV

b) Clindamycin IV

← could be wrong

c) ampicillin PO

d) metronedazol PO

e) cipro IV

baby brought by his family complaining of crying to much and not feeding well Ex normal S1 loud S2 + pansystolic murmur over the 3rd lt IC space grad 3/6 heard all over the pericardium what is the dx

a) large ASD

b) small PDA

c) large VSD

d) MR

e)MS

pt complain of HA photophobia neck stiffness petecheal rash the CSF pre is high what is the organism

N. meningococcal

GBS

Pneumonococcal

methylergometrine “Methergine” CI in maternal

a) maternal DM

b) maternal HTN

pt with heart failure came for routine FU he like to eat outside in the restaurants what to advice him

to dec fiber diest

to eat 3 big meals

to consume only 4 gm salt every day

salt free diet

← could be wrong

-
- 50 yo pt his BP measured more than once and the reading was 135-139/85-89 he is not DM not heart pt his BMI is 28 what to advice him
 - exercise and weight lifting are useful ← I think weight lifting inc the pre more
 - dec weight alone is not enough → already he has normal BMI
 - **dec salt consumption will improve BP**
-

a family brought there morbid obese child to u what u will advice the child

- a) dec caloric intake
 - b) dec saturated fat**
 - c) inc vegetables and fibers
-

pt in her 6 m pregnancy cam complaining of abdominal pain the dr dx fibroma what is the management

- a) myomectomy
 - b) hysterectomy
 - c) pain management**
 - d) terminate pregnancy
-

pt full term brough to ER

symptoms : Fever altered mental status sz continuously for previous 6 hour hypotensive around 80/60 HR 120 the fetus is in distress

ameiotic fluid aneurysm

pulmonary aneurysm

eclampsia

pt present with vaginal bleeding. On cervical examination there was white lesion in the cervix what is most appropriate next step

- 1) direct biopsy
 - 2) RNA something
 - 3) cone biopsy**
-

pt recently deliver a baby after 6 month/week she came complaining of fever vomiting diarrhea vaginal discharge Chandelier test/sign is +ve

Ectopic pre

PID ← Chandelier test/sign is +ve is characteristic for PID
pyelonephritis

to prevent the risk of retinopathy in DM pt avoid

- a) smocking and HTN
 - b) smoking and pregnancy
 - c) medication and pregnancy
 - d) HTN and obesity**
-

what is the best prognostic factor for SLE

renal involvement ← **this was my answer**

initial ANA teter

extend of artheritis

I don't know the right answer

Prognostic factors for survival in systemic lupus erythematosus associated pulmonary hypertension. 2012

Twenty-three observational studies from 375 citations were evaluated. Elevated mean pulmonary artery pressure, Raynaud's phenomenon, thrombocytopenia, plexiform lesion, infection, thrombosis, pregnancy, pulmonary vasculitis and anticardiolipin antibodies were associated with decreased survival. Lupus disease activity, nephritis and central nervous system disease were not associated with survival. The sample sizes were small and methodological quality of the studies was variable.

Kumar page 537 8th edition

Course and prognosis

Deaths early in the course of disease are mainly due to renal or cerebral disease or infection. Later coronary artery disease and stroke become more prevalent. Chronic progressive destruction of joints as seen in RA and OA occurs rarely, but a few patients develop deformities such as ulnar deviation. People with SLE have an increased long-term risk of developing some cancers, especially lymphoma

infection mononucleosis

- a) treated by ribavirin
- b) caused by Rhabdovirus
- c) common in children below 14

d) caused by EPV

9. Mother who is breast feeding and she want to take MMR vaccine what is your advice:

a) that MMR is a live vaccine

b) Can be given safely during lactation

c) weaning the breastfeeding to avoid harm to the baby

d) stop breast feeding for 72 hrs after taking the vaccine

best medication for depression in children and adolescent

Imipramine

Mirtazapine

fluoxetine ← can be wrong

Clozapine

venlafaxine

Guide to Psychiatric Medications for Children and Adolescents

tricyclic antidepressant group of medications is now rarely used for the treatment of depression or ADHD. The SSRIs have generally replaced them for the treatment of depression and Strattera has replaced them for the treatment of ADHD

Prozac “fluoxetine” was the first of this group of medications to be approved by the FDA. While there are some minor differences between these medications, they share more similarities than differences.

pt call the clinic telling them that he is too much scared from getting outdoor and and for around 6 month now he is in his home not getting to his front yard. now he become even not able to pass beside the outdoor of his home what is the dx

panic disorder

agoraphobia

major depression

anxiety disorder

My Exam:

Patient using Bupropion for Smoking Cessation, he'll most likely to have:

- Cardiac Arrhythmia (A**
- Headache (B**
- Seizures (C**

Carvedilol will have drug interaction with:

- Digoxin (A**
- Warfarin (B**
- Hydrochlorothiazide (C**
- Diltiazem (D**
- Rifampin (E**

Disease will increase maternal mortality if happened during pregnancy:

- Syphilis (A**
- Toxoplasmosis (B**

Patient seeking for Breast-feeding advice, you should tell her, it's contraindicated in:

- Syphilis (A**
- Pulmonary TB 3 month in treatment (B**
- Asymptomatic HIV (C**
- Active HCV infection (D**

Neonate, HbsAg is positive, received at birth BCG vaccine only, at first neonatal clinic visit you'll give:

- DTP, MMR, OPV, HBV, Hib (A**
- dT, MMR, OPV, HBV, Hib (B**
- dT, MMR, OPV, HBV (C**

4 year old Milestone he should:

- Copy Squares & Triangles (A**
- Tie Shoe (B**
- Speak Clear Sentence (C**
- Prefer Solitary or Parallel games (D**

Lactating, Recently Diagnosed with Seizure Disorder on Phenobarbital, regarding breast-feeding you must advice:

- Stop Breast Feeding (A**
- Breast Feed after 8 hours of medication intake (B**
- Continue anyhow as long as the mother and child want (C**
- Wean after 3 weeks (D**

Regarding Allopurinol one is TRUE:

- useful in acute phase (A**
- urocosuric (B**
- decrease incidence of renal uric acid stones (C**

Crohn's disease associated with:

- Fistula Formation (A**
- Involvement of superficial layer (B**
- Involvement of anus mucosal (C**

**Crohn's disease patient, c/o Left hip & Back Pain, Abdomen
Exam normal, occult stool >> heme positive, brown in color,
Febrile & WBC 16000, next invest.**

**Renal US (A
CT Abdomen (B
CT Left Hip (C**

**Patient Known Cardiac, For Dental Procedure, you'll give
prophylactic:**

**2 gm amoxicillin 1 hour before procedure (A
1 gm amoxicillin immediately after procedure (B
2 gm ampicillin 1 hour before procedure (C
1 gm ampicillin immediately after procedure (D**

**6 year old, fever, arthralgia, myalgia & pink maculopapular
rash, DDx:**

**Still's Disease (A
Kawasaki Disease (B**

Mitral Regurge in RF is due to enlargement of:

**Left Ventricle (A
Left Atrium (B
Right Ventricle (C
Right Atrium (D**

20 year with schizophrenia, you'll give:

Lithium (A

Flavoxine (B)
Oxcarbazepine (C)

**Pre-menstrual Syndrome affecting Patient's Life, a Drug that
Proved to be effective (Class A Evidence) is**

SSRI (A)
Combined Oral Contraceptive Pills (B)

**Mild Pre-eclampsia, BP 150/95, with lower limbs and hands
edema:**

Diuretics (A)
Low Salt Diet (B)
Oral Labetalol (C)
Immediate Delivery (D)
Monitoring & Frequent Hospitalization (E)

A Case of (Herpes Zoster Ophthalmicus) management:

Antiviral with follow up in 7-10 days (A)
Antiviral and follow up after 3-6 months (B)
Antiviral & Ophthalmology referral (C)
Antibiotic (D)
Reassurance it will resolve spontaneously (E)

Unresponsive adult with agonal gasps:

Open Airway & give 2 breaths (A)
Open airway & look for Foreign Body (B)
2 Breaths & chest Compression (C)
Check Pulse (D)
Wait for Trauma team (E)

Meningitis outbreak in College Dorms, Organism is:

Staph. Aureus (A
Staph. Epidermis (B
Strept. Pneumoniae (C
Nisseria Meningitidis (D

Placenta anterolateral, can't be reached by examiner fingers:

Low Lying Placenta (A
Normal Lying Placenta (B
Marginal Placenta Previa (C
Partial Placenta Previa (D
Total Placenta Previa (E

TB outbreak, Negative skin Test, Prophylaxis is:

BCG Vaccine (A
Rifampin 6 months (B

G2P2, 40 year old, with irregular Periods "3 months ago it was regular" & intermenstrual bleeding, no intercourse in years,

DDx:

Chronic Endometritis (A
Anovulatory cycles (B
Endometrial Ca (C
Uterine Leiomyoma (D

**RF treated early with no cardiac disease, prophylaxis
penicillin for:**

- 6 months (A**
- 3 years (B**
- 6 years (C**
- 15 years (D**

**24 year presented with well-circumscribed wheal lesion with
erythematous base, Hepato-Splenomegaly & Supraclavicular
lymph nodes:**

- Cholinergic Urticaria (A**
- Angioedema (B**
- Lymphoma (C**
- Syphilis (D**

Ca Colon Protection:

- Beta Carotene (A**
- Vit. D (B**
- Vit. E (C**
- Folic Acid (D**

Female, Fast Food, Young, you'll give Supplement:

- Calcium + Folic Acid (A**
- Calcium + Vit. C (B**

Central Chest Pain, Worse by Lying Down, Better by Leaning Forward, one is TRUE:

**O2, NTG, ASA is treatment (A)
ECG will show convex ST Elevation in all Precordial Leads (B)
Elevated Cardiac Enzymes (C)
15 Leads ECG is a must (D)**

Case (Scabies) about elderly in nursing home care, on many medications came with itching in all body & there's linear marks, DDX:

**Anaphylactic reaction (A)
Scabies (B)**

Male has an Urge to count things, words in sentences & if he tried to stop it he becomes anxious:

**Obsession (A)
Delusion (B)
Compulsion (C)
Hallucinations (D)**

Patient woke up of Ear Pain & had dropping of mouth angle ipsilateral side (Facial Palsy), management:

**oral steroids (A)
antibiotics & anti-inflammatory drugs (B)**

Cholesteatoma:

**Topical Steroids (A)
Oral Steroids (B)
T Tube insertion (C)
Surgery (D)**

RA on DMARDS, best advice:

Complete Bed Rest of inflamed joint (A

Exercise (B

Cold compression (C

Peritoneal Lavage is indicated in:

awake patient with severe abdominal tenderness (A

Comatose patient (B

Awake, Hypotensive patient with distended abdomen (C

Pelvic Fracture (D

Carpel Tunnel Syndrome Splint in which position:

Dorsiflexion (A

Median Nerve Injury:

Sensory Loss (A

Claw Hand (B

Wrist drop (C

Opposing the Thumb (D

**Person playing Squatch c/o elbow pain with paraesthesia of
the lateral aspect of forearm:**

Olecranon Bursitis (A

**Female, through history you find out there's alcohol
consuming, what's a CAGE question to assess Drinking more:**

how many drinks you have per day? (A

Do you feel guilty for drinking? (B

Do you find difficulty waking up in the morning? (C

All are causes of High Alpha Fetoprotein except:

- Spina Bifida (A**
- Gastrochiasis (B**
- Breech Presentation (C**
- Meningeomylocele (D**
- Anencephaly (E**

Attributable Risk:

**attributable risk is the difference in rate of a condition (A
between an exposed population and an unexposed
population**

Ca Colon Stage B2 means:

- No lymph nodes (A**
- One lymph nodes (B**
- 2-4 lymph nodes (C**
- lymph nodes + one more site (D**

Elderly with Hgb of 7 mg/dl, next investigation:

- Endoscopic Studies (A**
- Serum Ferritin Level (B**

Asymptomatic Trichomonas Vaginalis:

Treat even if asymptomatic (A

Treat only if symptomatic (B

Child with hx of using milk bottles at night, on examination:

Chalk like discoloration of both sides of teeth:

Nursing Bottle Dental Caries (A

Gingivitis (B

Hyperpigmentation, Scalling on Feet, Soles, Hands & Trunk with

Fever:

Secondary Syphilis (A

Zoster (B

Mechanism of action of SSRI – Depression the first line

medication you'll give act as:

Decrease Production of Serotonin (A

Decrease Availability of Serotonin (B

Block Production of Serotonin (C

Young, previously Healthy c/o left sided chest pain, O/E:

Hypotensive, Decrease Breath Sounds Lf. Side, & Hyper-

resonant:

MI (A

Pneumonia & Pleural Effusion (B

Spontaneous Pneumothorax (C

Cardiac Tamponade (D

Case of PCOS, you'll find:

Androgen excess (A)
FSH excess (B)

Abruptio Placenta commonly will present with:

Vaginal Bleeding (A)
Uterine Tenderness & back pain (B)
Abnormal Uterine Contraction (C)

**Clear Nipple Discharge, no hx of Head Trauma, CT showed
Pituitary Mass, this mass will secrete:**

Prolactin (A)
FSH (B)
ACTH (C)

**Patient Fell Down the Stairs, became Dyspnic, altered mental
status, on exam you find: Diminished Breath Sounds Right Side, &
Hyper-resonant, next step:**

Needle Thoracotomy (A)
Chest X-ray Stat (B)
Intubation (C)

My exam 29-1-2014

1-long scenario about crohn's disease , patient has fistula in- ano , next step

- 1-antibiotic
- 2-sitz bath and analgesic
- 3-medical treatment before fistulotomy
- 4-follow up only

2- Patient complaint of loss of association and circumstantiality , neologism and flight of idea the defect in

Form
content
quality

3-patient developed fever followed by macules, papules and pustules in the back with erythema and pain at the site of lesions, what is the diagnosis:

- 1-chicken pox
- 2-HSV1
- 3-shingles
- 4-measles

4- When you assess hearing test in child ; bone conduction will be :

- 1- Twice longer as Air conduction
- 2- Same as air conduction
- 3- 50 % longer as air conduction
- 200 % longer as air conduction

5) Old patient came to ER complain of tachycardia . Vital signs show : BP 80/50 , PR 140 . 2 strips of ECG attached ; one of them is regular rhythm , narrow QRS complex and second one is irregular rhythm narrow QRS complex and P wave present . What is diagnosis

- 1- SVT
- 2- AF
- 3- WPW
- 4- Complete heart block



6-A sexually active female do not use protection. W

- 1-Sanitary napkins
- 2-B- back to front wiping
- 3- diaphragm contraceptive

7-in epidemic research...a test chosen as gold stander for septicemia in 200 neonate...among 50 neonate who diagnosed with sepsis by gold stander thes the test was positive in 35 neonate,,,among 150 neonate who diagnosed aseptic by this test ,,the test was negative in 25 neonate,,,,,what is the spesitivity of this test?

- 1-70%
- 2-75%
- 3 -80%
- 4-85%

8-mother brought her child with sore throat, barking like cough. Temp.38C...irritable ,,with signs of respiratory distress...diagnosis:

- 1-epiglottitis
- 2-croup
- 3-pneumonia

9-pt. with acne ttt:

- 1-oral clindamycin
- 2-isotretion
- 3-retinoic acid

10-3- Patient with anemia symp (fatige), MCV 60 HB 8:

- 1-Iron deficiency anemia.
- 2-thalasemia

11-A case of hypothyroidism on thyroxin , TSH high, what you will do

- 1-continue the dose of thyroxin and follow after 3m
- 2-reduce dose
- 3-stop ttt till TSH level be normal

12- Old female with osteopenia ,fear from desk compression and fracture :

1- Vit.D

b- Weight reduction

c- Weight bearing exercise

13- Known case of lung cancer how to evaluate the LN metastasis:

1- MRI

2- x-ray

3- DEXA scan

4- Positron emission tomography

14- Child with burning sensation on body &finger web with itching aggravated at night shows lines &second infection

1- HIV

2- Scabies

3- Impetigo

4-Psoriasis

15- Old pt. 83 yrs. With rest tremor, abnormal gait, fatigue on examination shows bradykinesia:

1- Cortical degeneration

2- Parkinson's disease

3- Essential Tremor

4- Alzheimer's Disease& dementia

16-Child pt. drink something poisoning I forgot but it's Organophosphate, with nausea, vomiting, diarrhea, hypersalvation, constrict pupil, management:

1- I.V Atropine administration

2- I.V Pralidoxime administration

3- Immediate gastric salvage

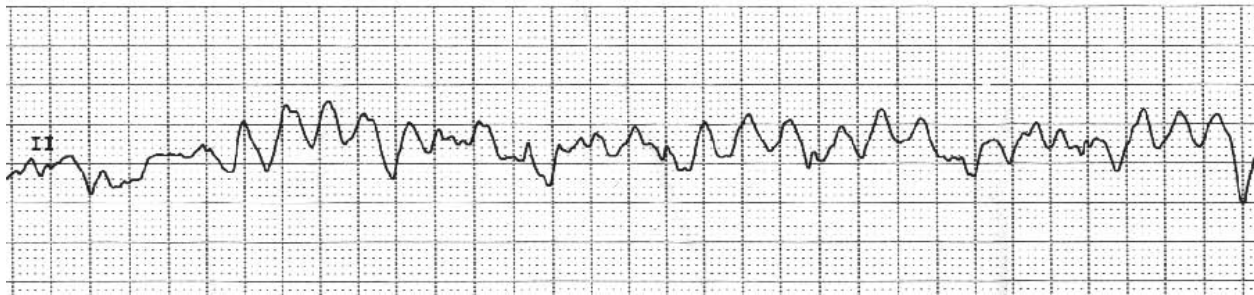
17-patient came with long history of pruritus and weight loss , was anicteric, but had xanthlesma and also scratch marks, ALP increased, also gama glutamyl transverse was raised and increased immunoglobulin M, also had positive antimitochondrial antibodies,what is the diagnosis:

- 1-primary billiary cihrrrosis
- 2-forget others but no need for them

18-patient taking antituberculous medications then he developed many eye complains, what is the causative agent:

- 1-rifampicin
- 2-isoniasid
- 3-pyrizinamide
- 4-ethambutol

19-35-patient developed chest pain and sweating for 4 hours and was pulseless, there was an ECG attached, what is the diagnosis:



- a-VF
- b-AF
- c-WPW
- d-torsade de pointas

20-45 years male, last few weeks increase alcoholic intake, activity and phone calls, also no sleeping & hypersexuality. What is your diagnosis :

- a) alcohol abuse
- b)mania

21-fireman came to ER with 1st and 2nd degrees burn on face and neck , burn area around 5% ,blister formed, what will you do :

- 1- drain blister by FNA
- 2-apply silver sulfadiazine and start antibiotic
- 3-debridement

22-Thin pt live in very crowded area xray show fibrous patch in upper rt lobe and there is cough and wheezing what to give to contact:

1. BCG
2. H inf vaccine
3. Meningococcal

23-A child developed pain and discharge from his ear, on examination there was a discharge from the ear canal and severe pain upon pulling the pinna of the ear out, the diagnosis is :

- 1-Otitis media
- 2 -Otitis externa

24- pt with a BMI>35 &BP 139/85 what would you advice?

- 1-Give medical agents
- 2-Strict diet to 600kcal/d follow after 3m
- 3-program for weight loss follow after 6m

25-patho>>alzheimer disease

- 1-multi infarction
- 2-brain cell death
- 3-cranial n death

26-pathophysiology of crohn's disease

- 1-environmental toxin
- 2-bacterial toxin
- 3-unknown

27- Gestational Dm PT.may develop to>>

- 1-DM1
- 2-DM2

28- 56 y old present with allergic rhinitis

- 1-Local anti histamine
- 2- Local decongestion

3- Local steroid

4-Systemic antibiotic

29- -young female with Hx of night sweat and wt loss for about 6 month

-splenomegally-reed sternberg cells in blood picture your diagnosis is :

1- Hodgkin's lymphoma

2-non Hodgkin's lymphoma

3-EBV

30-Pt taking isotretinoin for Acne...the true thing you have to say to him about the drug is:

a- it cause oily skin

b- it cause hypersensitive skin for the sun

c- it cause enlargement in breast tissue

31-Female patient with dysurea did urine analysis shows epithelial cells in urine, it comes from:

1- Vulva contamination

2-chlymadia **Urethritis**

3-renal stone

32- submandibular pain intermetent course increase with eating

1-gland infection

2-cancer

3-stone

33-Painful pile

1) **Excision drainage**

2) Sitz bath and steroid supp

3) antibiotic

4) Fiber food and analgesics

34-pleural effusion > 50 & >200

TB

35- pleural effusion < 50 & <200 & cardiomegaly
HF

36-case of hypertension increase cuping of optic disk
Ophthalmology refer

37-inflamed acne use all except
1)erythrom
2)hsotretinoid
3)beclomethazone

38-story of struma ovarii

39-niseria should also examine >>>> chylomadia

40-pregnant with past dvt management>>>>immediate heparin – heparin &warfarin – ttt if DVT occur

41-DM with thick discharge & itching>>>>> candida

42-hernia case>>>>> curative ttt

43-3rd nerve paralysis(oculomotor)

44-3&6nerve paralysis

45-polymalgia ttt>>>>>steroid

46-play in hot & loss conscious temp 41 mechanism>>>>>loss Na – lactic acidosis due to affection of heat regulatory center
Sorry cant remember other choices

47-beri beri>>>>>vit b1

48-hepatitis mother give baby>>>>>>>IG&1st dose

49-celiac disease>>>>>>>>>give rice

50-celulitis>>>>>>>>>group A B hemolytic strept - groupB – group c – group D

51-pain in trigeminal n ttt
Not remember the answer

52-down synd eye exam for >>>>>cataract -conjunctivitis

53-ptn use oral hypoglycemic& will do angiography >>>>give insulin 2 day before – give half dose of oral hyoglycemic

54-pregnant take iron & has low HB & MCV >>>>>IDA - thalasemia

55-athlete amenorrhea cause>>>>>ovarian failure –decrease estrogen – leuteal deffect

56-peretinitis sympt &cholec manag>>>>>admit&observe – emergent consultation

57-wond before suture
Irrigate-clean-drape-sterilze
Same four choice with different arrangement

58-drug not use in emergent nebulizer>>>>>respirodone-benzodiazipine-clonidine

59-effect of SRRI after>>>>>>2w- 3-4w

60-ttt of bipolar & schizophrenia>>>>>benzodiazepine no lithium in choice

61-morning stiffness>>>>>>>>>.physiotherapy

نسألكم الدعاء

1-child with 2 * 2 cm hair loss at the temporal area , normal examination , microscopic examination of hairs around the area show clubbed and attenuated hairs , the diagnosis is :

- a- tinea capitis
- b- alopecia areata
- c-Trichotillomania
- d- Telogen Effluvium

2- Rheumatoid arthritis Disease modifying agent is:

- a- hydroxychloroquine
- b- ASA
- c-penicillin
- d- NSAID

3- Greatest risk factor for stroke:

- a) DM
- b) Family history of stroke
- c) High systolic blood pressure
- d) Hyperlipidemia

4- Patient is a known case of CAD the best exercise:

- a) Isotonic exercise
- b) Isometric exercise
- c) Anaerobic exercise
- d) Yoga

5- 23. Which the following is the commonest complication of patient with chronic atrial fibrillation?

a) Sudden death

b) Cerebrovascular accidents

6- After doing CPR on child and the showing asystole:

a) Atropine

b) Adrenaline

c) Lidocaine

7- Middle age a cyanotic male with CXR showing increase lung marking & enlarged pulmonary artery shadow, what is the most likely diagnosis?

a) VSD

b) Aorta Coarctation

c) Pulmonary stenosis

d) ASD

e) Truncus arteriosus

8- Most common cause of intra cerebral hemorrhage:

a) Ruptured aneurysm

b) Hypertension

c) Trauma

9- Normal child, he want to walking, he have brother dead after walking, what of the following must be excluded before walking?

a) PDA

b) VSD

c) hypertrophic cardiomyopathy

10- Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver, what is the diagnosis?

a) Group A strep

b) EBV(INFECTIOUS MONONUCLEOSIS)

11- A 20 years old male who is a known asthmatic presented to the ER with shortness of breath. PR 120, RR 30, PEF 100/min. Examination revealed very quiet chest. What is the most probable management?

a) Nebulized salbutamol

b) IV aminophylline

c) Pleural aspiration

d) Heimlich maneuver

e) Chest drain

12- Patient has pharyngitis rather he developed high grade fever then cough then bilateral pulmonary infiltration in CXR, WBC was normal and no shift to left, what is the organism?

a) Staphylococcus aureus

b) staphylococcus pneumonia

c) legionella

d) chlamydia

e) mycoplasma

13- Patient old with WBC 17000 and left iliac fossa tenderness and fever most likely has:

a) Diverticulitis

b) colon cancer

c) crohn disease

14- Old patient with sense of fullness without pain in the abdomen, no GI symptoms, No other complaints, K/C of HTN,DM , O/E pulsatile mass in the mid abdomen, what is the diagnosis ?

- a) Horse-shoe kidney
- b) Colon ca.
- c) AAA
- d) Periumbilical hernia

15- 70 year old male with chronic Hepatitis B virus antigen carrier. The screening of choice is :

- a) Alfa protien + liver ultrasound
- b) Alfa protien + another tumor marker
- c) Abdominal CT + abdominal ultrasound

16- Patient presented with nausea, vomiting, nystagmus, tinnitus and inability to walk unless he concentrates well on a target object. His Cerebellar function is intact, what is the diagnosis?

- a) Benign positional vertigo
- b) Meniere's disease
- c) Vestibular neuritis

17- Patient with tingling of the little finger, atrophy of the hypothenar, limitation of the neck movement, X-ray shows degenerative cervicitis, EMG study shows ulnar nerve compression, what will you do:

- a) Surgical cubital decompression

18- Patient have urethritis now com with left knee, urethral swab positive puss cell but negative for neisseria meningitidis and chlamydia

- a) RA
- b) Reiter's disease
- c) Gonococcal

19- An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:

a) Osteoporosis

b) Osteoarthritis

c) Rh. Arthritis

20- Patient has history of parotid and salivary gland enlargement complains of dry eye, mouth and skin, lab results HLA-B8 and DR3 ANA positive, rheumatoid factor positive, what is the course of treatment?

a) physostigmin

b) Eye drops with saliva replacement

c) NSAID

d) plenty of oral fluid

21- The cause of insulin resistance in DM 2 is:

a) ☐ insulin receptors kinase activity

b) ☐ receptor number of insulin

c) ☐ insulin stimulation of anti

d) ☐ insulin production from the pancreas

e) ☒ receptor action

22- Young adult presented with painless penile ulcer rolled edges, what next to do?

a) CBC

b) Darkfeild microscopy

c) culturing

23- 50 years old patient complaining of episodes of erectile dysfunction, history of stress attacks and he is now in stress what you will do?

a) Follow relaxation strategy

b) Viagra

c) Ask for investigation include testosterone

23- Patient with epilepsy came with left shoulder pain, on examination flattened contour of the shoulder, and fixed adduction with internal rotation, what is the diagnosis?

a) Inferior dislocation

b) subacromal posterior dislocation

c) subglenoid anterior dislocation

d) subclavicle anterior dislocation

e) subclavicle anterior dislocation

24- Best way to prevent Entameba histolytica is

a) Boiling

25- In flame burn , the most common cause of immediate death :

a) hypovolemic shock

b) septic shock

c) anemia and hypoalbumin

d) Smoke inhalation

26- Sodium amount in Normal Saline [0.9% NaCl] :

a) 75 mmol

b) 90 mmol

c) 154 mmol

d) 200 mmol

27- In diabetic retinopathy, most related factors:

- a) HTN and obesity
- b) HTN and smoking
- c) Smoking and obesity

28- Adolescent female counseling on fast food. What you should give her?

- a) Calcium and folic acid
- b) Vitamin C and folic acid
- c) Zinc and folic acid
- d) Zinc and vitamin C

29- Lactating women 10 days after delivery developed fever, malaise, chills, tender left breast with hotness and small nodule in upper outer quadrant with axillary lymph node, Leucocytes count was $14 \times 10^9/L$, diagnosis?

- a) Inflammatory breast cancer
- b) Breast abscess
- c) Fibrocystic disease

30- Signs of androgen excess and ovarian mass , most likely tumor :

- a) Sertoli-Leydig cell tumor

A 28 year lady with 7 week history of amenorrhea has lower abdominal pain , home pregnancy test was +ve , comes with light bleeding, next step:

- a) Check progesterone
- b) HCG
- c) Placenta lactogen
- d) Estrogen
- e) Prolactin

30- First sign of magnesium sulfate toxicity is :

- a) Loss of deep tendon reflex
- b) Hypotension
- c) flaccid paralysis
- d) respiratory failure

31- Pregnant, smoker, h/o trauma, dark red vaginal bleeding ,, FHR 150 uterine contractions ...diagnosis :

- a) Uterine contusion
- b) Abruptio

32- Female with positive urine pregnancy test at home what next to do:

- a) Serum beta HCG
- b) CBC

33- Mother has baby with cleft palate and asks you what is the chance of having a second baby with cleft palate or cleft lip:

- a) 25%
- b) 50%
- c) 1 %
- d) 4%

34- Child ate overdose of iron , best management

- a) Gastric lavage
- b) Induce vomiting manually
- c) Emetic drugs

d) Ipecac

35- 6months old with cough and wheezy chest .diagnosis is:

a) asthma (after 2 years old)

b) **Broncholitis** (before 2 years old)

c) pneumonia (associated with cryptation)

d) F.B aspiration (sudden wheezing)

36- 2 months old child complaining of spitting of food, abdominal examination soft lax, occult blood – ve, what you will do?

a) **Reassure the parents**

b) Abdominal CT

37- Patient known case endocarditis will do dental procedure prophylaxis?

a) **2 g amoxicillin before procedure 1 h**

b) 1 g amoxicillin after procedure

c) 2 g clindamycin before procedure 1 h

d) 1 g clindamycin after procedure

38- Child on chemotherapy, he developed septicaemia after introduce IV cannula, what is causative organisms?

a) Hib

b) **Pseudomonas**

c) E.coli

d) strept

e) Klebsiella

39- 15 years old boy came to your clinic for check-up. He is asymptomatic. His CBC showed: Hb 11.8 g/l, WBC 6.8 RBC 6.3 (high), MCV 69 (low), MCH (low), and Retic 1.2 (1-3)%, what is the most likely diagnosis?

- a) Iron deficiency anemia
- b) Anemia due to chronic illness
- c) β -thalassemia trait
- d) Sickle cell disease
- e) Folic acid deficiency

40- Child with morbid obesity, what the best advice for him?

- a) Decrease calories intake
- b) Dec fat intake
- c) Increase fiber
- d) Increase water

41- Lactating women infected with rubella, management is

- a) MMR
- b) Stop lactation

42- Child known case of BA moderate intermittent on inhaled salbutamol ,,, about managmet

- a) Add inhaled steroid

43- Child came with bilateral swellings in front of both ears. What is the common that could possibly happen for one within his age?

- a) Orchitis
- b) Meningitis
- c) Encephalitis

d) Epididymitis

44- Randomized control trials become stronger if :

a) you follow more than 50% of those in the study

b) Systematic assignment predictability by participants

45- 73 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day, your recommending :

a) advise him to exercise

b) Stop smoking

c) wear sunscreen

46- Using the following classification, relative risk of those with risk factor to those without risk factor is:

a) $A/A+B$, $C/C+D$

b) $A/A+B$

c) $C/C+D$

47- Most common cause of otorrhea:

a) acute otitis media

b) cholesteatoma

c) leakage of cerumen

d) Eustachian tube dysfunction

48- child with unilateral nasal obstruct with bad odor (Fetid i.e: offensive odor)

a) unilateral adenoid hypertrophy

b) FB

49- Patient with seasonal watery nasal discharge, sneezing and nasal block. What should you give him as a treatment:

a) Topical steroid

b) Decongestants

c) Antihistamines

d) Systemic Steroids

50- Patient with bilateral eye discharge, watery, red eyes, corneal ulceration what is the most common cause?

a) Dust & pollen

b) Hypertension

c) Ultra-violet light & stress

51- 54 years old patient, farmer, coming complaining of dry eye, he is smoker for 20 years and smokes 2 packs/ day , your recommendation :

a) Advise him to exercise

b) Stop smoking

c) Wear sunscreen

52- 50 years old male with numbness in the little finger and he has degenerative cervicitis with restriction in the neck movement, also there is numbness in the ring finger and atrophy of the thenar muscle + compression in the elbow, what you'll do?

a) Surgical decompression

b) CAT scan for cervical spine

53- Hx of alopecia started from temporal then occipital reached to frontal Dx:

a) Androgenic alopecia

b) Alopecia areata

54- the separation of chromatid occur in:

a) Anaphase

b) Metaphase

c) Telophase

55- athlete presented with inner thighs lesion (red with well demarcated margin) what is the treatment :

a) topical antibiotic

b) topical antifungal

c) oral antibiotic

Which of the following can be considered a dispensable test in a classic picture of heart failure:-

CT-
ecg
troponin enzyme
Cxr

Epithelial cells in Urine analysis indicates which of the following in a woman with dysuria or dyspareunia (not sure)-

Chlamydial urethritis
Cervical tear

Woman with bleeding from ear and nose after delivery:-

DIC
Factor V deficiency

19 year old with symptoms of PMS(Fatigue, abdominal pain)

most likely diagnoses,
primary dysmenorrhea
secondary dysmenorrhea

18 year old with diffuse generalized pain improving with menstruation what should be given?

Estrogen
Methylprogesterone acetate
O.C.P Combined

23 yearold Nulliparous having unprotected sexual intercourse for 3 years failure of pregnancy best test,

Sperm count for Husband.

Regarding varicella Vaccine received first dose, missed the second.

Presents to the clinic after 1 year, to ensure immunization you will do the following:-

- repat vaccination.
- check antibodies.
- give second dose.

6 year old with HepASG+ Mother is also positive what vaccination should be given.

-Patient with wbc18000 and progressive jaundice otherwise normal "NO ABDOMINAL PAIN" differential is:-

- Chronic Cholecystitis?
- Carcinoma of the head of the Pancreas

Acute choleystes

-Common bile duct obstruction

C.N.S symptoms with treatment of type II diabetes, most likely due to:-

Sulfonyl urea

Biguanidines

Woman came with pain symptoms increasing appetite what to give?

Progesterone

Something acetate

Dosmo something

Woman with bleeding/ PUS AND DISCHARGE close to vulva treatment not responding to metronidazole or (Fluconazole) diagnoses,

Bartholin cyst

Bartholin carcinoma

??

??

child developed macules progressed to pustular lesions differential:-

Varicella

Herpes

Child with tonsillitis then developed gingivitis, bleeding and white plaques on erythematous base differential:-

EBV

CMV

COSACKIE

BACTERIAL

Child with lymphadenopathy splenomegaly one of the following would most likely confirm the diagnosis,

EBV SEROLOGY

CBC

Child with pruritic rash Papular and involving extensors of hands and feet

EBV

Cocksackie

Cmv

"Herpes was not mentioned in the answers"

effective Half life of Fleoxetine

5
7
9

drugs to give with echolalia/echopraxia obeying commands

-oxycarbamezpine
-SSRRI
-2 OTHER "antipsychotics"

ONE OF THE FOLLOWING GIVES THE MOST ACCURATE PROGNISES FOR CLL

-STAGE OF THE DISEASE
-PATTERN OF BONE MARROW INVOLVEMENT
-SECONDARY LYMPH?? ON BLOOD SMEAR
- AGE OF DIAGNOSES

53 Woman came in with the complaint of slight symptoms of dizziness and syncope not to the point of fainting her Bp was elevated though 140/91 on auscultation there was diminished sounds over the carotids and her mother died before she the age of 40 due Cardiac disease, next best appropriate step in managing this patient is:-

- 1) Doppler of the carotids.
- 2) Monitor Blood pressure.
- 3) Reassure patient and give antihypertensive.

Child comes with meningococcal infection, swab obtained and the patient was discharged you read the culture to find out that it is group A meningococci you call his home to find out that the child is asymptomatic best step to is:-

- 1) No action needed.
- 2) call the patient .
- ??
- ??

Most specific characteristic to hiatal hernia is :-

Morning nausea/vomiting
Worsens with pregnancy
??
??

18 year old adolescent was bitten by his younger sibling 1cm cut the young is fully vaccinated and received his tetanus booster 6 months back the best appropriate step in management is:-

- 1) give Augmentin
- 2) suture the wound
- 3) Give 0.5 subcutaneous tetanus toxoid shot.

New born with HR 300 BPM Manage this patient.

- 1) Digoxin
- 2) Atropine.
- 3) Vagal stimulation
- ??
- ??

Slight perioral ELEVATION + scattered and widespread papular demarcations along the face

- 1) rosacea
- 2) acne
- 3) dermatitis
- 4) ??
- 5) ??

Child sustained blunt Trauma to the abdomen imaging revealed hematoma pooling onto the Duodenum manage this patient:- (No vitals were given to assess patient's status and stability.

- 1) Ct guided evacuation of Hematoma
- 2) Explorative laparotomy and evacuation of hematoma
- 3) Observation
- 4)

-Patient came to you and you confirmed this patient was a sickler, he did not come with any specific illness the question simply was stated as mentioned above "THE ONGOING TREATMENT IS"

- 1) Penicillin
- 2) Iron supplement
- 2) B12

The best indicator of hemochromatosis is:-

- 1) Ferritin
- 2) ferritin
- 3) LFT something along the lines of ALT

Child with isolated raised nodule close to thyroid most accurate/informative test is:-

- 1) Fine needle aspiration.
- 2) Radio active Iodine uptake
- 3) Tsh I think was on the choices

Diabetes type 1 is best maintained by

- 1) long acting insulin
- 2) 2) short acting insulin
- 3) 3)??
- 4) ??

Fistula in ano is most located

- Posteriorly
- anteriorly
- Laterally
- It is more common in men

60 year old with subaortic stenosis and LV hypertrophy For dental procedure which of the following is the most accurate statement:-

- 1) 50percent will develop endocarditis
- 2) 12 percent will develop endocarditis
- 3) No need for prophylaxis
- 4) 4)prophylaxis needed.

Patient with abdominal pain

_ Classic case of Perforation

When fluid is pooled and lost into the peritoneum the cause of death is

- _Hypovolemia
- neurogenic shock
- embolism

Patient with Atrial fibrillation the most common cause of mortality is due to :-

- 1) Acute MI
- 2) 2)Cerebrovascular accident
- 3) ??
- 4) ??

70 year Old man lost his wife due to prolonged illness comes with (Sadness-Insomnia-dimished appetite) something along these lines

DDX:-

- 1) major depression
- 2) minor depression
- 3) Bereavment
- ??

Child with isolated neck mass for 5 months and mild cough -

DDx:-

- 1) EBV
- 2) Hodgkin lymphoma
- 3) CMV or cosackie
- ??
- ??

Best description of case control

- 1) Assesses diseases and correlates risk factors ->> (retrospective)
- 2) correlates with the present and provides better explanation

All of the following are primary prevention for iron deficiency anemia except :-

- 1) supplement during pregnancy
- 2) restriction of cows milk before 12 month
- 3) Awareness and public health and advise
- 4) Geneic screening for the disease

Which one of the following adds value to a study increasing its solidity?
Known something schedual.

Diuretic causes

- 1) hypokalemia

woman amennoreah for 2 months now presents with sudden bleeding,
case of ectopic pregnancy the site of ectopic pregnancy is:-

- 1) fallopian tube
- 2) cervix
- 3) Ovary

The preventable nutritional disease in child is:-

- 1) muscle wasting
- 2) kawshkoir
- 3) Pica
- 4) ??

Woman post menopausal with knee pain upon walking and morning stiffness

DDX:-

Osteoarthritis

Rheumatoid arthritis

Osteoporosis

Man post surgical developed swollen knee joint red tender and hot there is fever of 38.5 next step in management is:-

Needle arthrocentesis of the joint

Give antibiotic or something like that

??

??

Sign of asbestos is

- 1) Bilateral pulmonary fibroses
- 2) Calcification of pleura
- 3) ??
- 4) ??
- 5) ??

Patient with urethral stricture developed fever and stuff what is the ddx

Chlamydial orchitis

??

??

??

Sudden painless loss of vision with flashes and resembling curtains being pulled

-central vein occlusion

-retinal detachment

arterial occlusion

pterygium protruding to the cornea

- 1) risk on vision
- 2) malignant potential

SLE

1- Short stature, High Arched palate, something wrong in hair (i don't remember another details) :

- a) Noonan syndrome.
- b) trisomy 21.
- c) Turner syndrome.

2- Clozapine use in childhood antipsychiatric disorder :

- a) enuresis.
- b) Schizophrenia.

3- child have pain in hand & foot , there is picture of typical sickle cell shape, what is diagnosis :

- a) sickle cell anemia.

4- 6 years old with HBsAg his mother has HBV he did not receive any vaccination except BCG he should take in first visit:

- a) DTP,Hib,MMR,HBV,OPV
- b) DTP,Hib,MMR,OPV
- c) Td,Hib,MMR,OPV,HBV
- d) DTP,MMR,OPV,HBV

5- treatment of Cholesteatoma:

- a) oral antibiotic.
- b) topical antibiotic.
- c) steroid.
- d) tympanostomy and tube.
- e) surgery.

6- someone had visual impairment and fundal examination there is degenerative in vitreous and chorioretinal atrophy what diagnosis :

- a) physiological myopia.
- b) pathological myopia.
- c) index myopia.
- d) Curvature myopia.

7- Which of the following features of ulcerative colitis distinguishes it from crohn's disease

- a. Possible malignant transformation
- b. Fistula formation
- c. Absence of granulomas
- d. Colon involvement

8- The effectiveness of ventilation during CPR is measured by:

- a) Chest rise
- b) Pulse oximetry
- c) Pulse acceleration

9- 30 age women with sharp pain in the index finger increase with using scissors or nail cut which cause sharp pain at the base of the finger in metacarpophalangeal joint and the finger become directed downward in (mean flexed DIP) and cause pain when try to extend the finger..

- a) trigger finger
- b) tendon nodule
- c) Dupuytren's Contracture
- d) mallet finger

10- greatest single factor of stroke:

- a) hypertension
- b) D.M.
- c) family history
- d) dyslipidemia

11- heparin & fresh frozen plasma used in child if have :

- a) hemophilia A
- b) hemophilia B
- c) von willebrand disease
- d) DIC with thrombosis
- e) chronic disease due to liver disease (something like this i don't remember it)

12- child have atopic dermatitis and give him hydrocortison, what you will give him with it :

- a) cyclosporine
- b) cimetidine
- c) Tacrolimus

13- long case of patient cannot sleep due to think a lot if doors open and check everyday and do that again in morning:

- a) obsessive compulsive disorder

14- patient come to ER after motor cycle accident with respiratory disress, on physical examination some area in rib cage go inward with inspiration and move outward with expiration, Dx:

- a) Flail chest
- b) simple rib fracture
- c) pneumothorax

15- patient with femoral fracture and now be hypotensive and tachycardia, Hb= 11 , what you will do :

- a) wait and observation
- b) I.V fluid
- c) blood transfusion

16- patient in CCU with M.I , then pulse become rapid and weak what you will do :

a) I.V dobutamine

b) I.V atropine

17- Entamoeba histolytica cysts are destroyed best by:

a) Boiling

b) Iodine added to water

c) Chlorine added to water

d) Freezing

18- stroke patient lost vision what lobe affect :

a) frontal

b) temporal

c) occipital

d) parital

19- patient have left hemiparesis what pathophysiology of that (stroke) :

a) decrease blood flow and damage frontal lobe

b) decrease blood flow in brain stem

c) decrease vertebral artery ... (i don't remember)

20- about epidemic curve:

sorry but i hate epidemiology, i didn't remember choices but i think talk about definition !

21- what is unlikely present of long o2 100% treatment :

a) retrosternal pain

b) seizure

c) depression

d) ocular toxicity

e) dizziness

22- question about genetic diabetic HLA:

a) DR4

b) DR5

c) DR6

d) DR7

23- patient with symptom of hyperthyroidism which blood pressure become high , Treatment :

a) propanol

b) antithyroid drugs

c) iodine

d) surgery

24- woman presented with right abdominal pain, nausea & vomiting. On examination she had tenderness in the right hypochondrial area. Investigations showed high WBC count, high alkaline phosphatase & high bilirubin level. The most likely diagnosis is:

a) Acute cholecystitis

b) Acute appendicitis

c) Perforated peptic ulcer

d) Acute pancreatitis

25- Diffuse abdominal pain “in wave like” and vomiting. The diagnosis is:

a) Pancreatitis

b) Appendicitis

c) Bowel obstruction

d) Cholelithiasis

26- which choice is true about fibroid & pregnancy :

- a) its may lead to anemia
- b) antepartum hemorrhage
- c) i don't remember

27- 4 years old can do :

- a) speak sentences clearly
- b) copy square & triangle
- c) print his name

28- patient make blood transfusion in 19xx (I don't remember but the important thing is before 1992 whatever that's year) risk of :

- a) hepatitis A
- b) hepatitis B
- c) hepatitis C
- d) hepatitis D

29- typical case of hepatitis A, what you want to order :

- a) Anti-HAV IgM
- b) Anti-HAV IgG
- c) core antibody

30- newborn with clavicle fracture :

- a) associate with brachial plexus
- b) its heal without complication

32- Which of the following is a side effect of bupropion:

- a) Arrhythmia
- b) Xerostomia (dry mouth)
- c) Headache
- d) Seizure

33- One of following true regarding systolic hypertension :

- a) In elderly it's more dangerous than diastolic hypertension
- b) Occur usually due to mitral regurge
- c) Defined as systolic, above 140 and diastolic above 100

34- prevention of malaria :

- a) Vector eradication and inspect your body if insect visible
- b) Vector eradication and avoid insect

35- case about dysplastic nevi and his father have moles in his back and thigh which one is correct :

- a) mole have uniform
- b) mole common in thigh
- c) mole have irregular border
- d) mole be less than 6 cm
- e) I don't remember

36- typical case of orbital cellulitis have restrict left eye movement and swelling of eyelid (I don't remember details) ..

37- non-pharmacological best treatment hypertension:

- a) weight reduction
- b) low- salt diet

38- patient with cardiac disease , best exercise :

- a) isotonic exercise
- b) yoga
- c) isometric exercise
- d) anaerobic exercise

39- Which of the following is the recommended diet to prevent IHD?

- a) Decrease the intake of meat and dairy
- b) Decrease the meat and bread
- c) Increase the intake of fruit and vegetables

40- typical case of osteoarthritis ..

41- gonorrhea In women affect:

- a) cervix
- b) urethra
- c) posterior vaginal fornix

42- Female patient was presented by dysuria , epithelial cells were seen urine analysis , what is the explanation in this case :

- a) Contamination.
- b) Renal cause

43- In irritable bowel Syndrome the following mechanism, contraction and slow wave myoelectricity seen in:

- a) Constipation
- b) Diarrhea

44- 80 year old male presented with dull aching loin pain & interrupted voiding of urine. BUN and creatinine were increased. US revealed a bilateral hydronephrosis. What is the most probable diagnosis?

- a) Stricture of the urethra
- b) bladder tumor
- c) prostatic enlargement
- d) Pelvic CA
- e) Renal stone

45- In flame burn , the most common cause of immediate death :

- a) hypovolemic shock
- b) septic shock
- c) anemia and hypoalbuminemia
- d) Smoke inhalation

46- Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver, what is the diagnosis?

- a) infectious mononucleosis

47- Acne:

- a) obstructive
- b) inflammatory
- c) obtrusive

48- Lactating mother newly diagnosed with epilepsy, taking for it phenobarbital your advice is:

- a) Discontinue breastfeeding immediately
- b) Breast feed baby after 8 hours of the medication
- c) Continue breastfeeding

49- patient 20 years old complain of bone and joint pain ,bleeding ,recurrent infection ,positive myeloperoxidase

- a) myeloblastic leukemia
- b) myelodysplastic syndromes

50- which one is initial treatment of depression

- a) SSRI
- b) TCA
- c) MAOIs

51- Regarding chronic fatigue syndrome, which is true?

- a) Antibiotics may reduce the symptoms
- b) Antidepressants may reduce the symptoms
- c) Rest may reduce the symptoms

52- Man use sildenafil, which drug should not use :

- a) Nitrate
- b) B blocker
- c) ACE inhibitor
- d) calcium channel blocker

53- open safety pins since 5 hours, presented to the ER, X rays showed the foreign body in the intestine. Which is the best management:

- a) shift to surgery immediately
- b) discharge and give appointment to follow up
- c) admit and do serial abdominal X-rays and examination
- d) give catharsis : MgSO₄ 250 mg

54- breech presentation about treatment in 34 weeks

55- case of oligohydromons

56- case of preeclampsia about what type of classification she have ..

Sorry but I didn't remember another questions, I remember the cases, three breast cases which talk all about fibrocytic change of breast, another case talk about tongue cancer , also about Epstein barr virus but most questions from um-alqura ..

التصنيف المهني as GP

1- Best method to prevent plague is:

- a) Hand wash
- b) Kill rodent
- c) spray pesticide
- d) give prophylactic AB

2- 80 cases per 20000 population for 4 years, what incidence rate per 100000 population in year

3- Case of typical case of leprosy have thickening nerve ..

4- case of left facial palsy, there is tables which determine affect, the choices talk about which branch nerve is affect, sorry but I don't remember of details ..

5- D.M type II on metformin, then have leg cramp , they decide go to artogram, what you will do :

- a) stop metformin
- b) continue metformin

6- infant girls have fused labia major with enlarged clitoris and there is no palpale of gonad, her chromosome is 46 XX, there is picture of case but I didn't find it in google , what diagnosis :

- a) female pseudohermaphroditism

- b) male pseudohermaphroditism
- c) True hermaphroditism
- d) mixed gonad

7- long case of chronic renal failure

8- patient on INH, what you will check :

- a) liver function test

9- refractory and recurrent depression, what you will treatment ..

10- Typical case of child have Foreign body in left nose ..

11- Typical case of otitis externa ..

12- there is picture of optic disc:

- a) normal optic disc
- b) atrophy
- c) papilloedema

13- typical case of acute conjunctivitis

14- typical case of tension pneumothorax

15- typical case of alzheimer's disease

16- someone have asthma, what drug is contraindication :

- a) beta blocker

17- elderly patient presented by SOB, rales in auscultation, high JVP, +2 lower limb edema ,what is the main pathophysiology?

- a) Left ventricular dilatation.
- b) Right ventricular dilatation.
- c) Aortic regurgitation.
- d) Tricuspid regurgitation.

18- typical case of osteoarthritis

22- Patient talking to doctor and the pt look to his right side most of the time, when the doctor asked him why is that? He said that his mother is there but in fact no one is there, after asking the pt family they said that the mother died when he is child Dx?

- a) Visual hallucination
- b) Auditory hallucination
- c) Psychosis

23- 6 years old with HBsAg his mother has HBV he did not receive any vaccination except BCG he should take in first visit:

- a) DTP,Hib,MMR,HBV,OPV
- b) DTP,Hib,MMR,OPV
- c) Td,Hib,MMR,OPV,HBV
- d) DTP,MMR,OPV,HBV

24- cervical cancer screen ..

25- another case of cervical cancer screen ..

26- human papilloma virus, what strain that's cause cervical cancer :

- a) 16,18

27- typical case of psoriasis ..

28- typical case of eczema ..

29- phenoparbitone in breast feeding

30- Female patient with DM well controlled and she wants to get pregnant, and she asked you about the risk of congenital abnormality, to avoid this diabetes control should start in:

- a) Before pregnancy
- b) 1st trimester
- c) 2nd trimester
- d) 3rd trimester

31- case of SLE

32- patient have swelling submandibular (Sialolithiasis) what you best you do :

- a) U/S
- b) CT
- c) X-RAY

33- T.B. have PPD = 10

- a) its normal
- b) weakly positive
- c) strong positive

34- dry mouth, which one cause that side effect :

- a) pseudoephedrine
- b) loratadine

35- About seasonal effective disorder

36- moderate and severe anxiety, treatment :

37- typical case of amoebic liver abscess ..

38- about screen colonoscopy

39- typical case of acute appendicitis

40- plural effusion, what is cause:

a) T.B

there is number indicate exudate not transudate which TB is only cause of choice caused exudate

47- treatment human bite :

a) Augmentin

48- risk factor of UTI:

a) wipe from back to front

49- Rheumatoid arthritis, what you will treat :

a) DMRA

50- warts, there is picture what you will treat

51- Old patient complain of urinary incontinence. Occur at morning and at night without feeling of urgency or desire of micturition, without exposure to any stress, what is the diagnosis?

a) Urgency incontinence

b) Urge incontinence

c) Stress incontinence

d) Over Flow incontinence

52- typical case of Guillain–Barré syndrome

53- cataract, Tx

Patient old with WBC 17000 and left iliac fossa tenderness and fever most likely has:

- a) Diverticulitis
- b) colon cancer
- c) crohn disease

An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:

- a) Osteoporosis
- b) Osteoarthritis
- c) Rh. Arthritis

Sodium amount in Normal Saline [0.9% NaCl] :

- a) 75 mmol
- b) 90 mmol
- c) 154 mmol (155) كان مكتوب
- d) 200 mmol

Adolescent female counseling on fast food. What you should give her?

- a) Calcium and folic acid
- b) Vitamin C and folic acid
- c) Zinc and folic acid
- d) Zinc and vitamin C

2 months old child complaining of spitting of food, abdominal examination soft lax, occult blood – ve, what you will do?

a) Reassure the parents

b) Abdominal CT

appendicitis histologically:

-normal

-lymphoid in muscular layer

-neutrophils in muscular layer

boy , having growth spurt , Dx tibial tubercle pain ??

a- Osgood schlatters disease

b- stress fracture

-

Middle age male fell down on his elbow and develop pain which is the early manifestation (I can not remember) but: The fat pad sign is a sign that is sometimes seen on lateral radiographs of the elbow following trauma. Elevation of the anterior and posterior fat pads of the elbow joint suggests the presence of an occult fracture.

a) Anterior Pad sign

b) **Posterior Pad sign**

Most common site of non traumatic fracture in osteoporotic pt. is:

a) Head of femur

b) Neck of femur

c) **Vertebra**

d) Tibia

OPTH

Pt presented with blurred vision , photophobia , redness and pain of unilateral eye

a-Local pilocarpin and Iv acetazolamide

Child with proptosis , red eye , restrict eye movement , normal examination

a) **Orbital cellulitis**

Pt came with eye pain, watery discharge and light sensitivity, eye examination showed corneal ulceration. Her symptoms are frequently repeated. Which of the following is triggering for recurrence of her symptoms:

- a) Dusts
- b) Hypertension and hyperglycemia
- c) Dark and driving at night
- d) **Ultraviolet light and stress**

Patient, medically free came with eye watery discharge, cloudy ant. Chamber with red conjunctiva , Dx:

- a) Keratitis
- b) **Uveitis (red eye, injected conjunctiva, pain and decreased vision. Signs include dilated ciliary vessels, presence of cells in the anterior chamber)**
- c) Retinitis (Night-blindness-Peripheral vision loss-Tunnel vision-Progressive vision loss)
- d) Corneal laceration

Female, Fast Food, Young, you'll give Supplement:

- A) Calcium + Folic Acid**
- B) Calcium + Vit. C

Young, previously Healthy c/o left sided chest pain, O/E: Hypotensive, Decrease Breath Sounds Lf. Side, & Hyper-resonant:

- A) MI
- B) Pneumonia & Pleural Effusion
- C) Spontaneous Pneumothorax**
- D) Cardiac Tamponade

Secondary amenorrhea :

- a) Due to gonadal agenesis
- b) **Sheehan's syndrome**
- c) It is always pathological

cause of 2ry amenorrhea e high LH & FSH >>

- a) **Menopause**

40 years old with mild epigastric pain and nausea for 6 months, endoscopy shows loss of rugal folds, biopsy shows infiltration of B lymphocytes, treated with antibiotic, what is the cause?

- a) Salmonella
- b) **H.pylori**

young female with Hx of night sweat and wt loss for about 6 month
-splenomegally-reed sternberg cells in blood picture your diagnosis is :
a- **Hodgkin's** lymphoma (classical)
b-non Hodgkin's lymphoma

(pic of large mass in neck)
EX no other mass, matted, painless
A) Tubercle lymph
B) Lymphoma
ما اعرف

Patient complaining of back pain and hypersensitive skin of the back, on examination, patient had rashes in the back start from midline then to abdomen and end to midline , tender, red base distributed in diagnosis is:

- a) Herpes Zoster

days after MI, the patient developed SOB and crackles in both lungs. Most likely cause is:

- a) Pulmonary embolism
- b) **Acute mitral regurgitation**

Newborn with fracture mid clavicle what is true

- a) Most cases cause serious complication
- b) Arm sling or figure 8 sling used
- c) **Most patient heal without complications**

Best method to prevent plague is:

- a) Hand wash
- b) **Kill rodent**
- c) spray pesticide
- d) give prophylactic AB

Diffuse abdominal pain "in wave like" and vomiting. The diagnosis is:

- a) Pancreatitis
- b) Appendicitis

- c) Bowel obstruction
- d) Cholelithiasis

pic of leg ulcer in mellulus, pt is old age ttt

- a) ships biopsy
- b) **Compression and elevate the leg (venous ulcer)**
- c) Topical steroids

Elderly woman has epigastric pain, collapsed at home. In the ER she has mild low back pain and her BP= 100/60 pulse 130, What's the most likely diagnosis:

- a) Mesenteric ischemia
- b) **Leakage/ruptured aortic aneurysm**
- c) Perforated duodenal ulcer
- d) Gastric ulcer

pt on warfarin, compline of melena, high ptt:

vit K

fresh frozen plasma

Hematological disease occurs in children, treated with heparin and fresh frozen plasma what is the disease?

- a) Hemophilia A
- b) Hemophilia B
- c) Von-wille brand disease
- d) **DIC thrombosis**

diabetic patient , diagnosed 2 weeks back came to your clinic at scheduled appointment supposed to be at 10:00 AM but because you were having another complicated case , he had to wait for more than an hour , and he was extremely angry , what u will do :

- a. be empathetic as this anger is mostly because of the new morbidity diagnosed at this patient
- b. you start your talk with him by saying "I was having a hard case "
- c. Don't say anything regarding being late unless he brings it up
- d. **you star YOUR TALK WITH HIM BY SAYINH "you seem furious"**

متأكد مليار بالميه لاني حصلت السؤال نفسه حرفيا باختبارات الامريكية والجواب كان الاخير .. والشرح يقولون اذا كان المريض معصب لازم تقابله بعباره تصف عصبيته !!؟

Epistaxis treatment:

a) site upright forward w mouth open and firm press on nasal alar for 5 min

baby complaining of pain and nasal obstruction after he fall on his face 2 days ago one
Ex there is tenderness when moving the nasal bone what is the appropriate action ???

a) **X-ray of the nasal bone**

case of acute cholecystitis

Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed
enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver,
+ve EBV what is the diagnosis?

a) Group A strep

b) **(INFECTIOUS MONONUCLEOSIS)**

106. Wellbutrin (bupropion, Drug) used in smoking cessation c/I in pt :

a) **History of seizure**

What is the most important factor in attempt of successful cessation of smoking is?

a) **The smoker's desire to stop smoking**

b) The pharmacological agents used in the smoking cessation program.

c) Frequent office visits.

d) Physician's advice to stop smoking

e) Evidence of hazards of smoking

The majority of ectopic pregnancies occur in the:

a) **fallopian tube**

b) Ovary.

c) Cervix.

44) child had swab +ve meningococcal

The child asymptomatic ttt:

A) **pencilin for 10d <<< my answer**

B) rifampicine 7 d

C) im ceftriaxone <<< uq answer

**Patient took high dose of acetaminophen presented with nausea & vomiting,
investigation shows increase alkaline phosphatase and bilirubin, which organ is
affected?**

- a) Brain
- b) Gastro
- c) **Liver**

case of acetaminophen toxicity within 6 h:

- a) **acetylcysteine**

Depressed patient has ingestion big quantity of Aspirin 6 hours ago, came to ER complaining of nausea, vomiting, increased respiration, investigation showed highly elevated level of ASA, what is your action?

- a) urine acidity something
- b) charcoal
- c) haemodialysis
- d) **Alkalinization of the urine**

The most common site for hematologic Osteomyelitis is:

- a) Epiphysis
- b) Diaphysis
- c) **Metaphysis** جواب ام القرى
- d) at site of entry of nutrient artery جوابي

case of strawberry skin:
carbon monoxide toxicity

What is the major thing that can tell you that patient has polycythemia vera :

- a) Hepatomegaly
- b) **Splenomegaly**
- c) Venous engorgement
- d) Hypertension

Holding breath holding, which of the following is True?

- a) Mostly occurs between age of 5 and 10 months
- b) Increase Risk of epilepsy
- c) **A known precipitant cause of generalized convulsion**
- d) Diazepam may decrease the attack

At a day care center 10 out of 50 had red eye in first week , another 30 develop same condition in the next 2 weeks , what is the attack rate

- a) 40%
- b) 60%
- c) **80%**
- d) 20%

In neck examination which is not normally palpable:

Thyroid

Submandible gland

Lymph node

Hyoid bone

Parotid يمكن صبح لانها بالوجه

مأعرف

Senile dementia:

Associated with Urinary incontinence

If its mild may increase by physical illness

Colon cancer with stage 3 give the chemotherapy:

- a) **As soon as possible**
- b) After psychological prepare
- c) After 1 week

62. Patient with strong genetic factor for colon cancer, what is the medication that could decrease the risk of colon cancer?

- a) Zinc
- b) Vitamin E
- c) Vitamin C
- d) **Folic acid**

pt hit the door closed on his big toe he came crying, Ex purple discoloration under nail

- a) No need things& ask him to go to the home.
- b) **evacuate the Hematoma.**
- c) Remove the nail

d) give him acetaminophen

**osteoporosis:
exercise**

Young female ,complaining of severe headaches over long period, now she starting to avoid alcohol, not to smoking, doing healthy habits, no stress , ,, ttt?

- a) Biofeedback
- b) **b-blocker**
- c) Alcohol cessation

What is the percentage of The Benign tumors of the Stomach?

- a) **7%**

Which of the following true about headache :

- a) Increase ICP at last of day
- b) Normal CT may exclude subarachnoid hemorrhage**
- c) Amaurosis fugax never come with temporal arteritis
- d) Neurological sign may exclude migrant

Case irritable, palpation. Restless DX
Generalize anxiety disorder

nodulocystic acne :
oral Isotretinoin

2 years old child with hair loss in the temporal area and boggy swelling “ I think was 3 cm !! , multiple pustules ... ?

- a) Trichotillomania
- b) Aplasia cutis congenital
- c) Kerion**
- d) favus

before giving influenza vaccine , you should know if the patient allergy to which substance

- a) shellfish
- b) Egg**

Lactating lady who didn't take the MMR?

- a) Take the vaccine and stop feeding for 72 hour
- b) It is harmful for the baby
- c) She can take the vaccine**
- d) Contain live attitunaied bacteria

Male old patient has signs & symptoms of facial palsy (LMNL), which of the following correct about it?

- a) Almost most of the cases start to improve in 2nd week**
- b) it need treatment by antibiotic and anti viral
- c) contraindicated to give corticosteroid
- d) usually about 25 % of the cases has permanent affection

Besides IV fluids, what is the most important drug to be given in anaphylaxis?

- a) Epinephrine**

b) Steroids

Long history of old patient with recurrent vomiting for 2 days, take promethazine (antiemetic) Hematocrit 65 the doctor can report this result caused by:

- a) Cytokine
- b) Glucagon
- c) C r protin
- d) Apoprotein

ما اعرف

Long case about Mass in the upper back with punctum and releasing white frothy material

- a) It's likely to be infected and antibiotic must be given before anything
- b) Steroid will decrease its size
- c) It can be treated with cryotherapy
- d) **It must be removed as a whole to keep the dermis intact**

The best ttt for binge eating disorder:

- a) **cognitive - behavioral therapy**

Female with hypokalemia , swollen glands , tetany and eroded enamel of the teeth:

- a) **Bulimia nervosa**
- b) anorexia nervosa

HTN e ecg show... present by 1st meta bone pain inv:

Uric acid

Ck

tropin

pt complaining of mass in the throat there is no dysphagia. Barium study and Endoscopy are normal

A) globus pharyngis

B) esophageal carcinoma

C) achalasia

d) plummer vinson syndrome

e) Zenker's diverticulum (pharyngeal diverticulum)

36 y Female with terminal ovarian **underwent abdominal operation** she went to **physician for check ultrasound reveal 10 cm clamp inside abdomen** what will you do?

- a) Call the surgeon and ask him what to do
- b) Call attorney and ask about legal action
- c) **Tell her what you found , call surgeon**
- d) Tell her and it will resolve
- e) Don't tell her what you found because she triminal case

My exam was on 19/2/2014

Most common risk factor for CVA:

- HTN
- DM
- AF
- IHD

Ttt of uvitis :

- Tetracycline drops (I think I was wrong here)
- Chloramphenicol drops
- Cyclogyl drops

Case of old pt with DM with wedge shaped opacities of the eye lense:

- Cataract
- Closed angle glaucoma
- Other weird eye diseases

A pic of hyperpigmented skin lesion in the flexure of lady's elbow that gives you fluorescent red under wood's lamp:

- Tinea something
- Psoriasis
- Erythrasma

Pt with hyperpigmented skin lesion on his chest that increased in pigmentation after he came to warm area:

- Tinea versicolor

Mother with IDDM pregnant in her last trimester with difficulty in controlling her high blood glucose what to expect in the baby after delivery:

- Maternal hyperglycemia
- Maternal hypoglycemia
- Neonatal hyperglycemia
- **Neonatal hypoglycemia**

A very very long case about baby 3 months old with 2 days hx of URTI came to you with respiratory distress and agitated lethargic bilateral ronchi lx done and he treated with rabivirin what do you expect the causative organism was:

- **RSV**
- Strept pneumonia
- H. influenza type B

A msn with writer Raynaud's phenomenon he exposes to smoke where he lives what do you advise him to do:

- Smocking doesn't affect the condition
- **Wear anti vibration gloves**
- Keep warm core temp.

Female pt with migraine and she doesn't want any daily medications what to do:

- **Biofeedback**

Simple case about **tension headache** asking about the dx

What is true about hemorrhoid:

It occurs in pregnancy and liver cirrhosis

Pregnant lady 34 weeks gestation come with breech presentation what to do

ECV alone

ECV with tocolytics

Another visit at 36 week

Boy with unknown drug ingestion BEST way to decontaminate the stomach is:

Activated charcoal

Gastric lavage

Boy with multiple attacks of febrile convulsion what to give him to take at home:

Diazepam

Phenobarb

Old lady 50 yo complained of vulvar itching and sometimes with bloody vaginal discharge she used ointments prescribed by her doctor (miconazol and steroid I guess) with little benefit now she is having a small pea-shaped swelling in the side of the vulva dx

Bartholin cyst

Bartholin abscess

SCC of the vulva

Common pathophysiology of the CVA

Atherosclerosis

Non compliant pt with chronic psychotic illness:

IM inj. Of the ttt

The other choices were orally or IV

A case of old man with decreased LOC hallucination:

3 psychotic illnesses

Delirium

Hiv pt pap smear was normal what to do:

f/u after 3 months the annually

f/u after 6 months the annually

f/u after 9 months the annually

f/u after 12 months the annually

Child recognize 4 colours, 5 words, hops on one foot, consistent with which age:

a) 12 months

b) 24 months

c) 36 months

d) 18 months

Female pt divorced with secondary amenorrhea lx showed high FSH what is the dx:

Hypothyroidism

Premature ovarian failure

Hypothalamus disorder

Pituitary microadenoma

What is true about osteomalacia:

Failure of bone formation

Failure of bone remodeling

Failure of bone mineralization

Decreased density of bone on xray

Which of the following known to have protective effect against some cancers:

Vit D

Other random medication and supplement

No folate nor vit C

**Most common complication of hysterectomy is:
hemorrhage**

Ureter injury

Bladder injury

GOOD LUCK :)

My exam of prometric on 6/3/2014

Most Qs from Um AL gra, so I advice you to read it carfully

1. Child presented with atopidematitis gave hydrocortisone 1%..what treated should be add?

Topical antibiotic

Antihistamin

Trazclom

2. Baby with white papules in his face what is your action:

a) **Reassure the mother and it will resolve spontaneously**

b) Give her antibioti

3. 48 year-old male complaining of lower back pain with morning stiffness for 30 minutes only. On exam he was having spasm centrally on the lower back. What is the appropriate management :

a) Epidural steroids injection

b) Back brace

c) Facet lysis

d) **Physiotherapy**

4. ,Patient having major depression and taking medicine for it ,, after taking medicine she is complaining of insomnia and irritable ,which med she is taking

a) **SSRI**

b) TCA

c) MAOI

d) ECT

5. Patient complaint of loss of association and circumstantiality the defect in

a) **Form**

b) **CONTENT:**

6. Patient was in the lecture room, suddenly had an attack of anxiety with palpitation and SOB, after this episode she fears going back to the same place avoiding another attack

a) **Panic attack**

b) Specific phobia

c) GAD

7) Adolescent complaint of witness syncope when he was standing behind Post office . It lasts 4 min and he feelsetc .What is diagnosis

a) Out of body of control

b) Silent heart attack

c) **TIA**

d) fainting

8)- Patient with dry eye, you give him drops for lubrication, your advice:

a- One drop in lower fornix

8)Pt. with flu-like symptoms before 2 days, she's complaining of red eye the most likely Diagnosis:

There is picture

a. **Viral conjunctivitis,**

b. Bacterial conjunctivitis

9) scenario about old man he count everything step of ladder, foods, anything his eyes fall in or he do it,

a. Obsession

b. Delusion

c. Alzheimer

d. **Compulsive behavior**

10)Pt. with Raynaud's phenomena he is living with roommate smoker, along scenario but this is the importance, treatment:

a. **Anti-vibrating gloves**

b. Keep core body temperature warm in cold

c. Negative smoking is not a trigger of disease

11)-patient came for assessment after fracture by falling on outstretched arm which was diagnosed as colles fracture on

minimal trauma, what is the appropriate test to check for bone density: a-VIT D

b-Ca

c-X RAY hip and pelvis

d-dual energy x ray absorbometry

12)6 years old child was bitten by a CAT , what is the organism ?

a)*spirochet*

b- *bacteria*

c- *paracite*

13)Right eye has redness, pain, & photophobia. The left eye has uveitis, ttt is a)*Cyclopentolate 1%*

b)tetracyclin

c)chloramphinchol

14- A female patient came to the clinic complaining of a mass on a vagina she has a history of repeated unprotected intercourse with multiple partners, upon examination she has a wart in the vagina , the causative agent is :

a)-*Herpes simples*

b) -*Neisseria Gonnorhea*

c)-*Treponemmapallidum* –

d) Molluscum contagiosum

15-A patient who's hospitalized after a major operation, he developed a small pulmonary embolism that was confirmed by pulmonary CT, what is the best drug to give :

a) -Heparin

b)-Warfarin

c)-Streptokinase

d) -Aspirin **patient with**

16-A patient after colectomy she, is supposed to have colonoscopy repeated every :

a) -6 months

b) -3 months

c) -12month

d)- 1 month

17-A patient complaining of S.O.B, on examination one nostril is edematous and blocked, what is the best INITIAL management :

a) -Decongestants

b)-Sympathomimetics

c) -Corticosteroids

d) –Antihistamines

18-A patient with a mass in the midline of the neck that moves upon protrusion of the tongue, what is the diagnosis :

a)-Goitre

b)-Thyroglossal cyst –

c)Cystic Hygroma

19/15 year old male asthmatic his doctor advised him to take oral glucocorticosteroid plus short acting inhaler and daily peak flow meter his 25/asthma is considered.

A-mild intermittent

B- B- mild persistent

C- C- moderate

D- D- severe

20)-3 days old baby..with HBV positive of mother..your action?

a)-immunoglobulin and one dose vaccination

b- b-immunoglobulin

c- b-immunoglobulin and three doses HBV vaccine

21) 20 years old male who is a known asthmatic presented to the ER with acute attack of asthma gave inhaler bronchodilator ..his ABG PH:7.39 PCO₂:LOW PO₂:LOW HCO₃ NORMAL what the next step?

a) IV steroid

b) IV antibiotic

c) IV theophylline

d) intubation

22) 70 years old presented with wt loss, constipation, there is left pelvic mass the best screen:

a) pap smear

b) colposcopy

c) CA125

d) u/s

23) pt with head trauma unable to abduct this eye otherwise normal the affected nerve is?

a) II

b) V

c) VI

d) IV

24) child c/o pain in anterior thigh &calve at night other wise normal exam diagnosis is?

a)osteochondritis

b)muscle strain

c) DVT

25)YOUNG PT WITH over weight you advise him to decrease risk of CAD by?

a)weight lifting

b)yoga

c)bicycle

d)exercise resistant&weight training

26) **Patient with celiac disease. What kind of the following food is safe for him?**

a) Wheat

b) **Rice**

c) Oat

d) Barley

27. What is the best frequency for breast self-examination?

a) Daily.

b) Weakly.

c) **Monthly.**

d) Annually

28) what need female for self breast exam? (There is picture)

Need mirror

29) pregnant after ingestion of 50 mg glucose orally the FBG 8.4 mg/dl the most suspected infection is?

a) candida

b) bacteriovaginosis

c) trichomonosis

30) if you want to do stent the procedure is?

a) drape, clean, irrigation, antiseptic

b) irrigation, drape, clean, antiseptic

c) irrigation, clean, drape, antiseptic

31) Q about prevalence

32) Q about the importance of duration of pain

33) pt present with lateral painful ulcer in lateral malleolus the leg is pale, cold, absence peripheral pulses what diagnosis?

Arterial insufficiency

34) 36 yrs pt present c/o abdominal cramp and spasm when tapping on face PTH : rise Ca : low otherwise normal what diagnosis?

a) Digoxin syndrome

b) pseudoparathyroidism

c) chronic renal diseases

35) case of cholestasis

36) case of polycystic disease

37) acute pancreatitis

38) child with iron anemia

1-hirschsprung diseases and simple constipation you can differentiate between them by all the following except:
(Abdominal distension) .a

- a-anal tone
- b-Abdominal pain .b
- c-Incoercibility .c
- d--Failure to thrive .

2-content of NA in 3% saline

3-most treatment of obstructive sleep apnea is

- a-adenotonsillectomy
- b-vulvopharyngeoplasty
- c-reassurance

4-most CHD cause pulmonary hypertension is?

- a-fallot4
- b-PDA
- C-ASD
- D- TRANSPOSITION OF GREAT ARTERIES

5-4y boy has history of febrile convulsion due to otitis media from 6 mo need to take vaccination of 4y what will u do?

- a-give him vaccine
- b-postpone for 6mo
- c-don't give dpt

6-father of haemophilia b percent of his daughter for the disease is

- a-50%
- b75%
- c100%
- d-25%

7-sickle anaemia with fever pallor the most common organism associated is

- a-strep
- b-parovirus19
- c-haemophilus b

8-deficiency enzyme of congenital adrenal hyperplasia is?

- a-21hydroxylase
- b-11 b hydroxylase
- c-lactase

9-galactosemia the defective enzyme is?

10-baby with protruding soft mass in the nose what to do to exclude brain involvement ?

- a-ct
- b-mri
- c-lumber puncture
- d-xray

11-tubercular meningitis with hydrocephalus the oedema in paraventricular is

- a-exudate
- b-transudate
- c-ststic

12-child with mild fever coryza and cough which worse what is the most organism?

- a-influanza
- b- parainfluanza
- c-strept pneum
- d-rota virus

13-child can walk with one hand hold whatis the age?

14-heamorrhagic blood of neonatesis

- a-factor v normal
- b-factorv11 abnormal
- c-prolonged pt and ptt

15-child with unilateral nasal bleeding –odour when the mother touch his nose it bleed exam by fbropticscope there is ulceration what is the cause

- a-disc battery
- b-tys
- c-bollen

16- the type of HALAgene type of DM is

- a-hala3
- b-hala4
- c hala22

17-sever stunted groth (hight/age) is

- a-<50%
- b-<80%
- c-<60%

18-investigation for vesico uretro reflux is

- a-DMSA
- B-MAGA3

19-child with scaly silver erythema and plaque with ve+ family history and auspits sign
The cause is

- a- destruction of keratinocytes
- b-
- c-

20-most common cause of decrease pulmonary vascular resistance in neonate after labour
is a-normal respiration
b-close of PDA
C-CLOSURE OF UMBILICUS

21-VIT D toxicity cause all except?

- a-vomiting
- b-hypertention
- c-diarrhea

22-child with vomiting and his mom gave him antacid then the child developed irritability, tetany, asystole, and absence of deep reflex what is the cause ?

- a- hypomagnisemia
- b- hypermagnisemia
- c- hypokalemia

23-during EEG child exposed to all except

- a-photoc stimulation
- b-hyperventilation
- c-sleep deprivation
- d-avoid drugs

24-most common cause of enlarged salivary gland in child if ?

- a-infection
- b-tumor
- cadenoma
- d- trauma

25-child with head trauma admitted to PICU his nasogastric tube discharge blood during aspiration what can u do?

- a-ct brain
- b-chest tube
- c-change nasogastric tube

26-ahoo language of child his age is?

27-na content of ,45% saline is?

28-most specific investigation for SLE is?

a-ESR

B-ANA

C-ANTI DOUNLE STRAND ANTI BODY

29-PIC of Pellagra

30-when the toxicity of iron cauase hepatic cirrhosis

a-after 2 day

b-after 5day

c-after6 weaks

the most common complication of meningitis is

a-mental retard

b-hearing loss

c-epilepsy

d.....

31-pict of audiogram

(محمد عفيفي)

بسم الله الرحمن الرحيم
بحمد الله الاختبار كان سهل وميسر وأكثر من تسعين سؤال من ملزمة أم القرى
تقسيم الاختبار

Basic 3 , ortho 3 , oph 3 , ent 3 , derma 3 , psy 5 , family medicine 15,
medicine 25 , general surgery 15 , obe gyne 10 , pedia 15

حصلت على درجة كاملة في
basic , ENT , OPTH , ORTHO

وبالتوفيق للجميع 2014/3/3
وأي استفسار أنا حاضر

23. Which the following is the commonest complication of patient with chronic atrial fibrillation?

- a) Sudden death
- b) Cerebrovascular accidents

67. 70 years old male came with history of leg pain after walking, improved after resting, he notice loss of hair in the shaft of his leg and become shiny;

- a) Chronic limb ischemia
- b) DVT

ECG shows ST elevation in the following leads V1, 2, 3, 4 & reciprocal changes in leads aVF & 1, 2, what is the diagnosis?

- a) Lateral MI
- b) Anterior MI
- c) Posterior MI

Best thing to reduce mortality rate in COPD:

- a) Home O2 therapy
- b) Enalapril
- c) Stop smoking

Patient presented with sore throat, anorexia, loss of appetite, on throat exam showed enlarged tonsils with petechiae on palate and uvula, mild tenderness of spleen and liver, what is the diagnosis?

- a) Group A strep
- b) EBV (INFECTIOUS MONONUCLEOSIS)

Right lung anatomy, which one true :

- a) Got 7 segment
- b) 2 pulmonary veins
- c) No relation with azigous vein

Which of the following shift the O2 dissociation curve to the right?

- a) Respiratory alkalosis
- b) Hypoxia
- c) Hypothermia

PPD positive, CXR negative : (incomplete Q)

- a) INH for 6 months
- b) INH and rifampicin for 9
- c) reassurance

COPD patient presented with acute symptoms not responding to bronchodilators , what is the next step

- a) Repeat bronchodilators
- b) IV steroids
- c) IV theophylline

Treatment of pseudomembranous colitis (CLOSTRIDIUM DIFFICILE):

- a) Metronidazole
- b) Vancomycin
- c) Amoxicillin
- d) Clindamycin

Regarding H. Pylori eradication PLUS OMEPRAZOLE:

- a) Clarithromycin for 1 week
- b) Bismuth, ranitidine amoxil for 2 weeks
- c) PPI 2 weeks, amoxil for 1 week clarithromycin
- d) FLAGYL + CLARITHRO

Overcrowded area, contaminated water, type of hepatitis will be epidemic:

- a) Hepatitis A
- b) hepatitis B
- c) hepatitis C

Patient had abdominal pain for 3 months, what will support that pain due to duodenal ulcer?

- a) Pain after meal 30-90 min.
- b) Pain after meal immediately.
- c) Pain after nausea & vomiting.
- d) Pain after fatty meal.
- e) Pain radiating to the back.

Old patient with history of recent MI complaining of severe abdominal pain, distention, bloody diarrhea, slightly raised serum amylase diagnosis is

- a) Ischemic colitis

Long history of patient with recurrent vomiting for 2 days, Hematocrit 65 the doctor can report this result caused by:

- a) Cytokine
- b) Glucagon
- c) C r protin
- d) Apoprotein

Girl with band like headache increase with stress and periorbital, twice a week, what is the diagnosis?

- a) Tension headache
- b) migraine
- c) cluster

The commonest initial manifestation of increased ICP in patient after head trauma is

- a) Change in level of consciousness
- b) Ipsilateral pupillary dilatation
- c) Contralateral pupillary dilatation
- d) Hemiparesis

Female patient presented with migraine headache which is pulsatile, unilateral, increase with activity. Doesn't want to take medication. Which of the following is appropriate?

- a) Bio feedback

- b) TCA
- c) BB

An old woman complaining of hip pain that increases by walking and is peaks by the end of the day and keeps her awake at night, also morning stiffness:

- a) Osteoporosis
- b) Osteoarthritis
- c) Rh. Arthritis

What is the initial management for a middle age patient newly diagnosed knee osteoarthritis. NON MEDICAL

- a) Intra-articular corticosteroid.
- b) Reduce weight
- c) Exercise.
- d) CREAM MASSAGE
- e) Strengthening of quadriceps muscle

Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles, EMG showed Ulnar tunnel compression of the ulnar nerve, what is your action now:

- a) Steroid injection
- b) CT scan of the spine
- c) Ulnar nerve decompression

Patient known case of DM type 2 on insulin, his blood sugar measurement as following: morning= 285 mg/dl, at 3 pm= 165 mg/dl, at dinner time= 95 mg/dl. What will be your management:

- a) Increase evening dose of long acting insulin
- b) Decrease evening dose of short acting insulin
- c) Decrease evening dose of long acting insulin
- d) Increase evening dose of short acting insulin

Type 1 diabetic, target HA1C الغريب أعطاك النورمال رانج

- a) 9
- b) 8
- c) 6.5

65 years old presented with acute hematuria with passage of clots and left loin and scrotal pain. the Dx

- a) Prostatitis
- b) Cystitis
- c) Testicular cancer
- d) Renal cancer

75 years old man came to ER complaining of acute urinary retention. What will be your initial management:

- a) Send patient immediately to OR for prostatectomy
- b) Empty urinary bladder by Folley's catheter and tell him to come back to the clinic
- c) Give him antibiotics because retention could be from some sort of infection
- d) Insert Foley's catheter and tell him to come to clinic later
- e) Admission, investigations which include cystoscopy

Best way to prevent Entameba histolytica is

- a) Boiling

Leishmania transmited by

SAND FLY

Group A Hemolytic streptococcus, causes rheumatic fever when:

- a) Invade blood stream
- b) Invade myocardium
- c) After tonsillitis and pharyngitis
- d) Skin infection

What is the major thing that can tell you that patient have polycythemia vera rather than secondary polycythemia:

- a) Hepatomegaly
- b) Splenomegaly
- c) Venous engorgement
- d) Hypertension

Patient with malaria in outbreak, what is the common way to prevent?

- a) Vector eradication & avoid mosquito bites
- b) Kill the vector and spray your clothes
- c) Avoid and spray Something

A boy who was bitten by his brother and received tetanus shot 6 month ago and his laceration was 1 cm and you cleaned his wound next you will:

- a) Give Augmentin
- b) suture the wound
- c) give tetanus shot
- d) send home with close observation and return in 48 hours

Patient with a scenario going with liver cirrhosis with ascites, diet instructions:

- a) High carbs, low protein
- b) Sodium restriction

Celiac disease patient, all should be avoided except :

- a) wheat
- b) oat
- c) Rice

year old woman presented with right abdominal pain, nausea & vomiting. On examination she had tenderness in the right hypochondrial area. Investigations showed high WBC count, high alkaline phosphatase & high bilirubin level. The most likely diagnosis is:

- a) Acute cholecystitis
- b) Acute appendicitis
- c) Perforated peptic ulcer
- d) Acute pancreatitis

How to manage mechanical intestinal obstruction?

- a) Enema
- b) IV stimulant
- c) laxative
- d) Emergency surgery
- e) NGT decompression

A wound stays in its primary inflammation until

- a) Escher formation
- b) Epithelialization
- c) after 24 hours
- d) Wound cleaning

58 years old very heavy alcoholic and smoker. You find 3 cm firm mass at Right Mid cervical lymph node, Most appropriate next step is :

- a) CT of brain.
- b) CT of trachea.
- c) Fine needle aspiration biopsy.
- d) Excisional biopsy.
- e) Indirect laryngoscopy.

About head and neck injury

- a) Hoarseness of voice and Stridor can occur with mid facial injury
- b) Tracheotomies contraindicated
- c) Facial injury may cause upper air way injures

Patient came with redness of finger, you give augmentin for one week but no improvement, so what you will do now?

- a) Incision and drainage under general anesthesia
- b) Incision and drainage under local anesthesia
- c) Give augmentin for another week
- d) Change antibiotic

old, smoker , rectal bleeding , wt loss:

- a) Colorectal cancer

A 30 year old lady in the third trimester of her pregnancy developed a sudden massive swelling of the left lower extremity extending from the inguinal ligament to the ankle. The most appropriate sequence of work up & treatment:

- a) Venogram, bed rest, heparin
- b) Impedance plethysmography, bed rest, heparin
- c) Impedance plethysmography, bed rest, vena caval filter
- d) Impedance plethysmography, bed rest, heparin, warfarin

e) Clinical evaluation, bed rest, warfarin

Female patient come with generalized abdominal pain by examination you found Suprapubic tenderness , by PV examination there is Tenderness in moving cervix and tender adnexia diagnosis is :

a) **Pelvic inflammatory disease**

Female lady after delivery started to develop pelvic pain, fever, vaginal discharge & negative leich..r test. What is your diagnosis: ((I don't know what is that test))

a) Vaginal yeast.

b) PID.

c) Bacterial vaginosis.

Most common site of gonococcus infection in females in:

a) **Cervix**

b) Posterior fornix.

c) Urethra.

Regarding postpartum depression, what is the most appropriate intervention to reduce the symptoms?

a) **Include family in the therapy**

b) Isolation therapy

c) Add very low doses of imipramine

d) Encourage breast feeding

Methylergonevine is in:

a) **Maternal HTN**

35 years prime 16 week gestation PMH coming for her 1st check up she is excited about her pregnancy no hx of any previous disease. Her B/P after since rest 160/100 after one week her B/P is 154/96, Most likely diagnosis :

a) Pre eclampsia

b) Chronic HTN

c) Lable HTN

d) Chronic HTN with superimposed pre eclampsia

e) **GESTATIONAL HTN**

Female G3P0 , c/o infertility , have regular non heavy cycle, trichomonus infection treated at age of 17 , previous 3 elective D/C in first month gestation ,DDx: أعتقد خطأ

- a) Asherman syndrome
- b) Sheehan syndrome
- c) Endometritis

Perinatal mortality :

- a) Include all stillbirth after the 20th week of pregnancy
- b) Include all neonatal deaths in the first 8 wk of life
- c) Include all stillbirth and first wk of neonatal deaths
- d) Is usually death per 10,000 live birth

Normal Puerperium:

- a) It lasts for up to 4 weeks
- b) The uterus can't be felt after the 1st week
- c) Lochia stays red for 4 weeks
- d) Epidural analgesia cause urinary retention

Mother has baby with cleft palate and asks you what is the chance of having a second baby with cleft palate or cleft lip:

- a) 25%
- b) 50%
- c) 1 %
- d) 4%

11 months old baby, 10 kgs, maintenance daily fluid :

- a) 1000 ml
- b) 500 ml
- c) 2000 ml
- d) 2500 ml

6 years old with HBsAg his mother has HBV he did not receive any vaccination except BCG he should take:

- a) DT, Hib,MMR,OPV
- b) DTB,Hib,MMR,HBV,OPV
- c) DTB,Hib,MMR, OPV
- d) Td, Hib,MMR,OPV,HBV

e) TDap, MMR, IPV, HBV

Newborn came with red-lump on left shoulder, it is:

a) Haemangioma

What condition is an absolute contraindication of lactation:

a) Mother with open pulmonary TB for 3 month

b) Herpes zoster in T10 dermatome

c) Asymptomatic HIV

A child is about to be given FLU vaccine, what allergy should be excluded before giving the vaccine?

a) Chicken

b) Egg

c) Fish

Mother bring her baby to you when he present with hematoma in his nail, How to manage this patient?

a) No need things& ask him to go to the home.

b) Bring a sharp metal & press in the middle to evacuate the Hematoma.

c) Remove the nail

Child with inferior and pain but with normal movement of knee, no effusion on knee what the important thing to do?

a) blood culture

b) ESR

c) ASO titer

d) aspirate from knee joint

e) plain film on thigh

newborn Apgar score 3 (cyanotic, limp, decrease breathing, HR less than 60) your action:

a) Volume expansion

b) Chest expansion

c) Ventilation

d) Bicarbonate

Child has history of URTI for few days. He developed barky cough and SOB.
Your diagnosis is:

- a) Foreign body inhalation
- b) Pneumonia
- c) Croup
- d) Pertussis

One of these not live vaccine:

- a) HBV
- b) OPV
- c) MMR

The greatest method to prevent the diseases :

- a) Immunization
- b) Genetic counseling
- c) Environment modification
- d) Try to change behavior of people toward health
- e) Screening

Define epidemiology

- a) The study of the distribution and determinants of health related events (including diseases) and application of this study to the control of diseases and the others health problems ”

Epidemiological study for smoker said there is 10,000 person in the area , at start of the study there is 2000 smoker, at the end of the study there is 1000 smoker, the incidence of this study is :

- a) 10%
- b) 12.5%
- c) 20 %
- d) 30%

10 years old child brought by his parents because they were concern about his weight, he eats a lot of fast food and French fries, your main concern to manage this patient is :

- a) His parents concerning about his weight
- b) His BMI > 33

- c) Family history of heart disease
- d) Eating habit (fast food , French fries)

Why SSRI are the 1st line treatment of major depression?

- a) less expensive
- b) Most tolerable and effective

48. Adult male complain of inability to sleep as usual. every night he should check that the light is off , oven is off and his child sleep this occur also at morning and every day .he cannot sleep if he didn't do this , he know this is abnormal behavior and feeling bad of his state , diagnosis :

- a) Generalized anxiety disorder
- b) Depression
- c) Obsessive compulsive disorder

Clonazapine used in children for ttt of

- a) Schizophrenia

A mother came with her son who is 7 years old with poor concentration. Lack of intelligence and play and repeat some of his action

- a) Autism
- b) Hyper active disorder

About antidepressant:

- a) start single type even patient have sever depression
- b) start any one of them they all have the same efficacy
- c) Stop the medication after 2 weeks if no improvement

Old diabetic man with sudden unilateral visual loss. There is multiple pigmentation in retina with macular edema. Dx

- a) retinal detachment
- b) Retinal artery occlusion
- c) Retinal vein thrombosis
- d) Diabetic retinopathy

Patient with open angle glaucoma and known case of HTN , what is the treatment?

- a) Timelol
- b) Betaxolol
- c) Acetazolamid

Patient was presented by ear pain , red tympanic membrane , apparent vessels , with limited mobility of the tympanic membrane , what the most likely diagnosis :

- a) Acute otitis media
- b) Tympanic cellulitis.
- c) Mastoditis.

Undisplaced nose fracture, what is next step?

- a) Refer to ENT surgeon الجواب تحوله أنا أخذت درجة كاملة
- b) Ice and anageslcis
- c) Anterior packing

RED NESS OF LT EYE , WATERY DISCHARGE WITH LYMPH NODE ,
MANAGEMENT :

ANTI VIRAL
ANTI HISTAMINE
ANTIBACTERIAL
STEROID

ACNE ABOUT 1CM WITH PUS WHICH STAGE
INFLAMMATORY
OBSTRUCTIVE
INFECTED

MOST SERIOUS COMPLICATION OF MI
ARRYTHMIA
CHF
CVA

هذا ما استطعت تذكره ولكم جزيل الشكر لكل القائمين على الموقع

السلام عليكم ورحمة الله وبركاته

هذا ما اذكر من امتحان اليوم

الاسئلة تخمينية لا اذكر السؤال كاملا وبعض الاجابات تكون ناقصة

female patient with dvt for advice about IUD

1-cause irregular bleeding(my answer)

2_contraceptive pills is better

3_ can be done even there are pregnant

Patient complaint of loss of association and circumstantiality the defect in .43

a) Form(my answer)

B)content

Diagram with ABG ph 7.3 no hyper ventilation

Metabolic acidosis(my answer)

Metabolic alkalosis

Respiratory acidosis

Respiratory alkalosis

Infant brought by the mother that noticed that the baby has decreasing feeding, activity and .219
lethargic On

:examination febrile (39), tachycardic, his bp 75/30, with skin rash. DX

a) Septic shock (my answer)

Child with morbid obesity, what the best advice for him .152

a) Decrease calories intake(my answer)

b) Dec fat intake

c) Increase fiber

d) Increase water

Pt with celiac disease ttt

Avoid gluten diet (my answer)

question like that .52

Child develop purpuric rash over his extremities, this rash was preceded by upper respiratory tract infection 1

2 week ago. What is your diagnosis

a) ITP

b) Henoch shaolin purpura

☐ HSP skin rash distribution: lower extremities (dorsal surface of the legs), buttocks, ulnar side of arms & elbows

☐ Workup: CBC: can show leukocytosis with eosinophilia & a left shift, thrombocytosis in 67% of cases

☐ Decreased platelets suggest thrombocytopenic purpura rather than HSP

. Child ate overdose of iron , best immediate management32 _____

a) Gastric lavage

b) Induce vomiting manually

c) Emetic drugs

d) Ipecac

e) IV Deferoxamine(my answer)

years old child with rheumatic fever treated early, no cardiac complication. Best to advice 10 .16 the family to

:continue prophylaxis for

a) 1 month

b) 3 years

c) 4 years

d) 6 years(my answer)

uncontrolled diabetes fo pregnant mother the risk effect on neonate is

maternal hypoglycemia

maternal hyperglycemia

neonatal hypoglycemia(my answer)

neonatal hyperglycemia

female 12 weeks gestational age with bleeding with snowstorm appearance on us

a)complete hydatidiform mole(my answer)

b)partial hydatidiform mole

female with 45x G3P0 with history of 1st trimester abortion percentage of abortion of the next delivery

40%

50%

60%

70%(my answer)

Multigravida 40ys has previous history of dvt about contraception advise husband refuse condom

She dislike injection what is ur advice

OCP IS BETTER (a)

IUCD CAN RESOLVE THE PROBLEM (b)

ITS BETTER TO DO TUBAL LIGATION(MY ANSWER) (c)

THE USE OF TESTOSTERONE IN IMMUNOCOMPROMISED PT

TO INCREASE LEAN BODY MASS (I,M NOT SURE)

I MISS REMAINING

Female with abnormality of ovaries what will happen

Amenorrhea&osteoporosis (my answer)

DM patient with problems in vision whats the risk factors

Obesity &htn(my answer)

Htn&age

Pregnant lady in 3rd trimester DM on insulin, patient .
compliance to medication but has hyperglycemic

:attacks, the common complication on fetus is

- a) hyperglycemia
 - b) hypoglycemia
 - c) hypocalcaemia
 - d) hyponatremia
-

Female patient on the 3 .136

rd

week postpartum. She says to the physician that the
frequently visualizes snakes
crawling to her baby's bed. She knows that it is impossible
but she cannot remove the idea from her head. She
says she wakes up around 50 times at night to check her
baby. This problem prevents her from getting good
sleep and it started to affect her marriage. What is this
problem she is experiencing

- a) An obsession
- b) A hallucination
- c) A postpartum psychosis
- d) A Delusion

السؤال ده بالنص

Female pt with gonorrhea infection what other pathogen
have to be examined

Chlamydia (my answer)

78 ys old pt with history of htn 20 ys ago with black area at
the medial malleolus whats the cause

Arterial insufficiency

Venous insufficiency

Decubitus ulcer(my answer)

Question on flavivirous prevention

Eradication of rodents

Ct picture and symptos of eye affection after trauma

There are pointer on occipital part

Question which part affected

(occipital (my answer))

A patient have tender, redness nodule on lacrimal duct .80
site. Before referred him to ophthalmologist what you
will do

a) Topical steroid

b) Topical antibiotics(my answer)I,m not sure

c) Oral antibiotics

Atheletic adult with rash at the groin which became black in color increase at the two inner aspect of the thigh ttt is

Topical antibiotic

Topical antifungal(my answer)

Systemic antibiotic

Patient with pterygium in one eye, the other eye is .82
:normal, what's correct to tell

.a) It's due to vitaminosis A

b) It may affect vision

.c) It's a part of a systemic disease

d) its premalignant

A 45 years old lady was complaining of dizziness, sensory
neural hearing loss on her left ear (8

th

،(nerve palsy

tingling sensation & numbness on her face, loss of corneal
reflex. MRI showed a dila ted internal ear canal

a) Acoustic neuroma(my answer)

- b) Glue ear
 - c) Drug toxicity
 - d) Herpes zoster
 - :e) Cholesteatoma
-

pt with cpap can't tolerate what is the treatment

promethazine

malf

مش فاکر لکن ماہو البديل لل cpap

picture of achalasia

بالنص

Female with neck swelling firm, large, and lobulated, 351.
positive antibodies against thyroid peroxidase, what is

the diagnosis

a) Hashimoto's thyroiditis(my answer)

b) graves

child with nephritic syndrome

whats the pathology could be found

مش فاکر الاجابات

Child Pt with colles fracture and repaired how to determing
the repairing

Serum calcium

Level of vitamin d

X ray hip & spine

Dexa(my answer)

Pt with ano rectal abcess pain is throbbing sever whats ur
management

Antibiotic (systemic)

Antibiotic (local)

Incision& drainage(my answer)

6month infant with repeated regurgitation mother give him
mor than one milk formula , cause is

Gastritis

Lower osephgeal sphincter (low contractility)(my answer)

55ys with untreated chrons disease with developing bleeding
per rectum with colonoscopy reveals carcinoma in situ with
polyps what will u do (the best ttt)

Lt hemicolectomy with colonostomy(my answer)

Total colectomy with ileostomy

Removal of polyps

Postpartum female with breast engorgement with pain ur
management

Warm compression with breast feeding(my answer)

Cold compression &stop breast feeding

Doxycycline &stop breast feeding

Pt with ulcer on uvula and palate whats virus responsible for

Rhinovirus

Reovirus

Rotavirous

Herpangina(my answer)

Pt with muscle weakness beginng from below upwards with tongue
muscle affection

Mytheniagraves(I think)

Pt with problem with swallowing of salive only no other symptoms
and good signs whats the cause

Tonsillitis

Quinsy

Pharyngitis

الرابع مش فاكهه لكن اخترته علي ما افكر ليه علاقة بال(nerves)

ttt of cancer colon in 66 years old patient in c2 _stage

Palliative

Therapeutic

Diagnostic

Curative(my answer)

Female pt with (symptoms)off breast abcess ttt

Incision & drainage

Diagram of hepatitis b infection and result of immunity on the body

Pt of rheumatic fever with history of allergy to penicillin

Mangment

Doxycycline

Ceftriaxone (im)(my answer)

Pt coming to er pin pointed pupil with heart beats 8 what will u give him

Atropine

Naloxone

Acetyl cysteine

Pt coming with symptoms of iron over dose ask about

Whats the drug taken

Infant with seborrich dermatitis symptoms

Symptoms of cocaiene or cannabis addic

بسم الله الرحمن الرحيم

كان الاختبار يوم السبت 15- 6 - 2013م في قاعه امتحان الهيئة السعودية للتخصصات الطبية الساعة 9 ص .

Women with yellow vaginal discharge, the tt is:

- a- Metroindazole
- b- Erythromycin
- c- Antifungal

Child presented by bowing his lower limb, the appropriate investigation :

- A- Alkaline phosphates
- B- TSH

The true about commoner use of LMWH than other anticoagulant in management of.....

- a- L MWH is expensive
- b- LMWH is safe and coast effective

People eat in hotel after hours many persons developed vomiting and abdominal pain , what's true about prevention :

- a- Water Chlorination and clear source
- b- Water bowling

Patient has HTN come with epigastric pain:

- a) Abdominal aortic aneurysm
- b) Renal cause

pt with blood pressure high in upper limb but decrease or delay In lower limb :

- a-coarctation of aorta

Patient sustained a major trauma presented to ER the first thing to do:

- a) Open the air way give 2 breath
- b) Open the airway remove foreign bodies
- c) Give 2 breath followed by chest compression
- d) Chest compression after feeling the pulse

women newly diagnosed with breast cancer , come elevated in CA125, which it cause:

- a- Breast ca
- b- Ovarian ca

Hepatitis most commonly transferred by drug abuser is:

- c- a) HBV.
- d- b) HAV.
- e- c) **HCV**

f- Which of the following is true regarding varicella vaccine during breast feeding :

- a) **It is safe.**
- c) contraindication

picture, with bleeding in posterior fossa (non-traumatic) :

- a- Dural hematoma
- b- Subarachnoid
- c- Rupture of previously present aneurysm

In T-score <3.5:

- a) Osteopenia
- b) Osteoporosis

Female patient presented with migraine headache which is pulsatile, unilateral, increase with activity. Doesn't

- a) want to take medication. Which of the following is appropriate?
- b) a) Bio feedback
- c) b) TCA
- d) c) BB

Patient has bilateral abdominal masses with hematuria, HTN what is the most likely diagnosis?

- e) a) Hypernephroma
- f) b) Polycystic kidney disease

pt presented with fatigue , cold intolerance , constipation , the tt is :

- a) Propylthiouracil
- b) Radio-active iodine
- c) **Levothyroxine**

women presented by moon face , obesity , buffalo hump :

- a- Addison disease
- b- Cushing syndrome

Pathological result of cervical lymph node showed well differentiated thyroid tissue without any masses in the thyroid gland the best management is:

- a) Total thyroidectomy with radical resection
- b) Total thyroidectomy with modified resection
- c) lobectomy with radical resection
- d) lobectomy + isthmectomy with resection of the enlarged LN

19 year old athlete, his weight increase 45 pound in last 4 months. In examination, he is muscular, BP 138/89, what is the cause?

- a) Alcohol
- b) Cocaine abuse
- c) Anabolic steroid use

About DM in KSA:

- a) about < 10 %
- b) Most of the pt of insulin dependent type
- c) Female more affected with type 2 DM
- d) Most of NIDDM are obese

Younger diabetic patient came with abdominal pain, vomiting and ketones smelled from his mouth. What is frequent cause?

- a) Insulin mismanagement
- b) Diet mismanagement

baby boy presented with a scrotal mass that was transparent & non reducible. The diagnosis is:

- a) Hydrocele
- b) Inguinal hernia

A 30 year old man presented with feeling of heaviness in the lower abdomen. On examination he had a small bulge palpable at the top of the scrotum that was reducible & increases with valsalva maneuver. The most likely diagnosis is:

- a) Indirect inguinal hernia

- b) Direct inguinal hernia
- c) Femoral hernia
- d) Hydrocele
- e) Varicocele

pt presented with multiple gall bladder stones the biggest iscm :

- a- ERCP
- b- Cholecystectomy
- c-
- d- Heavy smoker came to you asking about other cancer, not Lung cancer, that smoking increase its risk:
- e- a) Colon
- f- b) Bladder
- g- c) Liver
- h-
- i- Child came with inflammation and infection of the ear the most complication is:
- j- a) Labrynthitis
- k- b) Meningitis
- l- c) Encephalitis
- m- d) Mastoiditis

- n- Child came to you with barking cough , Strider and by examination you see “ Steeple Sign “ what is your
- o- diagnosis ?
- p- a) Epiglottitis
- q- b) Croup

- r- old Man presented to ER with sudden headache, blurred of vision and eye pain. The diagnosis is:
- s- a) Acute glaucoma
- t- b) Acute conjunctivitis
- u- c) Corneal ulcer

child with sudden onset lower abdominal pain , elevated transeverse line of testes. Which of diagnosis :

- a- testicular torsion
- b- varicose

women after menopause :

- a- low FSH and low LH

- b- high FSH and high LH
- c- high FSH and low LH
- d- low FSH and high LH
- e- old female complaining of pruritis of pubic area, with bloody discharge she use many treatment but
- f- no improvement, then she developed pea shape mass in her labia, she went to you to show you this mass
- g- what will come to your mind as diagnosis
- h- a) Bartholin's cyst
- i- b) Bartholin gland carcinoma
- j- c) Bartholin gland masses

child 22kg , nil by mouth , the average daily fluid:

- a- 40 ml/hr
- b- 63 m/hr
- c- 8? / hr

هذا ما تمكنت من جمعه ، و أنه أن هنالك أسئلة مكرره
و بالله التوفيق

جمعه أخوكم :

مجاهد خالد زين العابدين الفكي

MBBS

The effectiveness of ventilation during CPR measured by:-

- a) **Chest rise**
- b) Pulse oximetry
- c) Pulse acceleration

MS>>>low frequency diastolic murmur

Patient had rheumatic episode in the past, He developed mitral stenosis with orifice less than(...mm) (sever stenosis) This will lead to

- a) **Left atrial hypertrophy and dilatation**
- b) Left atrial dilatation and decreased pulmonary wedge pressure
- c) Right atrial hypertrophy and decreased pulmonary wedge pressure
- d) Right atrial hypertrophy and chamber constriction

Patient with chest pain x-ray revealed pleural effusion, high protein & high HDL:

- a) **TB**
- b) CHF
- c) Hypothyroidism
- d) Hypoprotienemia

Best early sign to detect tension pneumothorax :

- a) **Tracheal shift**
- b) Distended neck veins
- c) Hypotension

Holding breath holding, which of the following True?

- a) Mostly occurs between age of 5 and 10 months
- b) Increase Risk of epilepsy
- c) **A known precipitant cause of generalized convulsion**
- d) Diazepam may decrease the attack

A 62 years old male known to have BA. History for 1 month on bronchodilator & beclomethasone had given theophylline. Side effects of theophylline is:

- a) GI upset
- b) Diarrhea
- c) Facial flushing
- d) **Cardiac arrhythmia**

Patient in ER: dyspnea, right sided chest pain, engorged neck veins and weak heart sounds, absent air entry over right lung. Plan of treatment for this patient:

- a) IVF, Pain killer, O2
- b) Aspiration of Pericardium
- c) Respiratory Stimulus
- d) Intubation
- e) **Immediate needle aspiration, chest tube.**

TB finding in X-Ray>>>>>cavity

14. Child with garlic smell:

- a) Alcohol toxicity
- b) **Organophosphate toxicity**

child ingest overdose of iron>>>>>gastric lavag

Patient with perianal pain, Increase during night and last for few minutes

Proctalgia fugax

(a

- b) Female patient with fatigue, muscle weakness, paresthesia in the lower limbs and unsteady gait, next step?

- c) a) Folate level

b) **Vitamin B12 level**

(d

- e) Patient presented with nausea, vomiting, nystagmus, tinnitus and inability to walk unless he concentrates well on a target object. His Cerebeller function is intact, what is the diagnosis?

- f) a) Benign positional vertigo

- g) b) Meniere's disease

c) **Vestibular neuritis**

(h

Old male with neck stiffness, numbness and paresthesia in the little finger and ring finger and positive raised hand test, diagnosis is:

Thoracic outlet syndrome

(a

b)

Female patient complainin of severe migraine that affecting her work, she mentioned that she was

- improved in her last pregnancy, to prevent that:
- a) Biofeedback
- (d
- 6 years old presented with cola colored urine with nephritic symptoms the First test you would like to do:
- a) Renal function test
- (g
- c)
- b) **Propranolol**
- e)
- f)
- b) **Urine microscopic sedimentation**

Patient known case of DM type 2 on insulin, his blood sugar measurement as following: morning= 285 mg/dl, at 3 pm= 165 mg/dl, at dinner time= 95 mg/dl. What will be your management:

- a) **Increase evening dose of long acting insulin**
- b) Decrease evening dose of short acting insulin

picture of lymphoma

case of diabetic... obese...+ve keton what to give??insulin or metformin

case of osteoarthritis ..what best investigation>>>rheumatoid factors blab la

27 years old male has symmetric oligoarthritis, involving knee and elbow, painful oral ulcer for 10 years, came with form of arthritis and abdominal pain. Dx is:

- Behjets disease** (a
- b) 12 years old female brought by her mother to ER after ingestion of unknown number of paracetamol tablets. Clinically she is stable. Blood paracetamol level suggests toxicity. The most appropriate treatment

a) **N-acetylcysteine** (c)

Patient with high output fistula, for which TPN was ordered , after 2 hours of the central venous catheterization, the patient become comatose and unresponsive , what is the most likely cause ?

a) Septic shock

b) **Electrolytes imbalance**

Adolescent female counseling on fast food. What you should give her?

Calcium and folic acid (a)

b) Patient with malaria in outbreak, what is the common way to prevent?

a) **Vector eradication & avoid mosquito bites** (c)

d) The drug with the least side effects for the treatment of SLE is:

a) **NSAIDs** (e)

f) 100% O2 given for prolonged periods can cause all except:

g) a) Retrosternal Pain

h) b) Seizures

i) c) **Depression**

d) Ocular Toxicity (j)

k) Rash on the breast, in the areola, using corticosteroid but not improved and no nipple discharge.

l) a) Antibiotic

m) b) Surgery

c) **Mammography** (n)

o) Patient with strong genetic factor for colon cancer, what is the medication that could decrease the risk of colon cancer?

Folic acid (d)

e) 60 years old male diagnose to have acute pancreatitis, what is the appropriate nutrition?

f) a) TPN

g) b) Regular diet with low sugar

h) c) High protein ,high ca , low sugar

d) **Naso-juenal tube** (i)

j) Lactation mastitis treatment is :

k) a) Doxycyclin

l) b) Ciprofloxacin

m) c) Ceftriaxone

- n) d) Gentamicin
- e) **Cephalexin or dicloxacillin** (o
- p) 24 year old patient with asymptomatic congenital inguinal hernia:
- q) a) Immediate surgery
- r) b) Surgery indicated when he is >35 y
- c) **Elective surgery if it is reducible** (s

picture of venous ulcer...best ttt>>>leg elevation

35 years old smoker, on examination sown white patch on the tongue, management:

- a) Antibiotics
- b) No treatment
- c) Close observation
- d) **Excisional biopsy**

Patient came with peeling, redness, waxy appearance in the scalp margins, behind the ear and nasal fold best treatment is:

- Topical antifungal** (a
- b) 30 years old patient presented with eye stocking on the morning what the cause?
- c) a) Viral
- b) **Bacterial** (d

case of RTA and known case of hypertention and diabetes for 20 years...loss vision what is the ddx>>>cataract or glaucoma or retinal detachment(my answer)??

15 years boy appear patch in right lower leg these patch is clear center red in peripheral, no fever no other complain so diagnosis: a) contact dermatitis b) **Tineacorporis**

A female patient presented with wheals over the skin with history of swollen lips. The diagnosis is: a) **Chronic urticaria with angioedema**

Patient he was living in a cold climate for long time he notices a brown scaly lesion on his chest, when he moved to hot area the lesion became hypopigmented although the rest of his body was tanned, Dx: a) Psoriasis
b) Vitiligo c) **Pityriasis versicolor**

Likelihood ratio of a disease incidence is 0.3 mean

- a) Large increase
- b) Small increase
- c) No change
- d) **Small decrease**

Randomized control trials become stronger if :

- a) you follow more than 50% of those in the study
- b) **Systematic assignment predictability by participants**

A lady came to your clinic said that she doesn't want to do mammogram and preferred to do breast self- examination, what is your response?

- a) Mammogram will detect deep tumor
- b) **Self-examination and mammogram are complementary.**

In developing country to prevent dental caries, it add to water

Fluorid (a

b) **When a person is predicted not to have a disease he is called (Negative). Then what is (true negative):**

- c) a) When a person is predicted to have a disease, he has it.
- d) b) When a person is predicted to have a disease, he does not have it.
- e) c) When a person is predicted not to have a disease, he has it.

d) **When a person is predicted not to have a disease, he does not have it.** (f

Pain killer used for long time>>>acetaminophen?

An example of secondary prevention is:

Detection of asymptomatic diabetic patient (a

All are primary prevention of anemia except:
Pre-married investigation?

In ischemic heart disease

- a) Prevalence is the number of case discovered yearly

b) Incidence is new cases yearly

c) **There is association between HTN & ischemic heart disease**

Beriberi caused by deficiency of

Vitamin B1 (a

Case of white vagina discharge known diabetic what is causative organism>>>candida albicans

دعواتكم

Evaluation Item	Content	Relative Percentage	Passing Score
(70 MCQs, 2 hours)	Topics:		
	1. Chronic Diseases	14%	45%
	2. Acute and/or Common Medical Problems	14%	
	3. Common Pediatric Problems	14%	
	4. Women Health	16%	
	5. Emergency Problems	10%	
	6. Common Surgical Problems	7%	
	7. Common Psychiatric Problems	9%	
	8. Common Eye & ENT Problems	9%	
	9. Common Derma Problems	4%	
	10. Basic Epidemiology and EBM Concepts	3%	
Total		100%	

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15. Lippincott Manual of Nursing Practice, 2005, 8th Edition.
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بسم الله الرحمن الرحيم أما بعد/
هذا ما وسعته الذاكرة ... بارك الله فيكم وفيها .
الإختبار كان متوسط ... أكثر من 80 سؤال كان مكرر
كانت 100 سؤال، في مدة 3 ساعات، أغلب الأسئلة بأربع إختيارات
أعتقد أن مذكرة أم القرى كافية جداً مع التأكد من الإجابة والقراءة في محاور الأسئلة ..
في آخر الأسئلة هنا أرفقت نموذج للتقسيم الدرجات يوضح ذلك.
المعذرة على التأخير في طرح الأسئلة .
أتمنى لكم التوفيق والحظ السعيد.

1)) Patient is a known case of CAD the best exercise:

- a) Isotonic exercise
- b) Isometric exercise
- c) Anaerobic exercise
- d) Yoga

2)) which of the following best to tret chlymedia:

- a) Azithromycin
- b) doxycyclin
- c) flucanazole
- d) metronidazol

3)) Cold induced Urticaria treatment :

- A) verapamil
- B) Diphhydramine
- C) cyproheptadine

4)) which of the following is an indication of urgent surgery in Crohn's disease :

- a)Fistula
- b)Intestinal obstruction

5)) when to say peritioial diagnostic lavage (DPL)

- a) 2 ml gross blood
- b) Collect in chest tube
- c) 1000 wbs \ rbs
- d) 500 wbs
- e) 2 ml gross blood in pregnant

6)) Depressed patient has injestion big quantity of Aspirin 6 hours ago, came to ER complaining of nauesa, vomiting, increase respiration, investigatin showed highly elevated level of ASA, what is your action?

- a) urine acidity something
- b) charcoal
- c) haemodialysis
- d) Alkalinization of the urine

7)) Child was sick 5 days ago culture taken showed positive for meningococcal. Patient now at home and asymptomatic your action will be:

- a) Rifampicin
- b) IM Ceftriaxone

8)) 58 years old female, known case of osteopenia, she's asking you about the best way to prevent compression vertebral fracture, what would you advise her?

- a) avoid obesity
- b) Vit. D daily
- c) Weight bearing exercise

9)) What is the most common non-traumatic fracture caused by osteoporosis?

- a) Colle's fracture
- b) Femoral neck fracture
- c) Vertebral compression fracture
- d) femoral shaft fracture
- e) tibial fracture

10)) A 60 year old diabetic man presented with dull abdominal pain & progressive jaundice. On examination he had a palpable gallbladder. The most probable diagnosis is:

- a) Chronic cholecystitis
- b) Common bile duct stone
- c) Carcinoma of the head of pancreas
- d) Gallbladder stone
- e) Hydrocele of the gallbladder

11)) question ask about pain localized in right lower quadrant how to inflamed or appearance or pathology !:

- a) normal appearance
- b) lymphoid hyperplasia trm trm trm
- c) trm trm mucus something

12)) What a 4 years child can do :

- a) Draw square & triangle
- b) Say clear sentence
- c) Tie shoes
- d) print his first name
- e) play parallel & trm trm trm

13)) Patient complaining of pain along median nerve distribution and positive tinel sign treatment include casting of both hand in what position :

- a) Dorsiflexion
- b) plantar flexion
- c) Extension
- d) Adduction
- e) Abduction

14)) Q about mallory-weiss syndrome :

- A) most cases treat spontaneously
- B) contraindicated with endoscopy
- c) trm trm with pregnant
- d) something one third something
- e) It needs medical intervention

15)) Patient with malaria in outbreak, what is the common way to prevent?

- a) Vector eradication & avoid mosquito bites
 - b) Kill the vector and spray your clothes
 - c) Avoid and spray Something
- you should know the exact way to prevent malaria

16)) child with his growth chart , BMI = 32,2

- a) normal
- b) overweight
- c) Obese

17)) Patient with history of fever, peripheral blood film +ve for malaria:

- a) Banana shaped erythrocyte is seen in P. vivax
 - b) Mostly duo to P. falciparum
 - c) Treated immediately by primaquin 10mg for 3 days
 - d) Response to Rx will take 72 hr to appear
- ما شاء الله على الي تذكر السؤال كامل !

18)) after bite, pediatric patient presented with abdominal pain and vomiting , stool occult blood, rash over buttock and lower limbs, edema of hands and soles, urine function was normal but microscopic hematuria was seen:

- a) Lyme
- b) Henoch-Schonlein Purpura
- c) EBV

19)) patient on malaria tx , congestive heart failure Tx ,and depression Tx presented with convulsion with medication that cause complain ?

- a) Digoxin
- b) Quinine
- c) One of antidepressant (forget it)

20)) Old patient present with fever and confusion blood culture +ve with enterococcus faecalis , what's cause of this bacterimia ?

- a) Pneumonia
- b) UTI
- c) Trm trm another source, GIT , GUT , skin etc

21)) 17y old female present miss 2 menstrual cycle, not sexually active , on physical examination doctor can't examin her well because she was irritable and tense, what's the best next step ?

- a) Reassure her and if there's no period next 3 month , back again
- b) Do urine pregnancy test
- c) Pelvic ultrasound
- d) Check FSH LH

22)) Old patient in this week c/o bilateral knee pain with mild joint enlargement in the morning get stiffness several hour , ESR and CRP normal dx:

- a) Osteoarthritis
- b) Rheumatoid arthritis
- c) osteoporosis
- c) Gout

23)) 50 years old male with numbness in the little finger and he has degenerative cervicitis with restriction in the neck movement, also there is numbness in the ring finger and atrophy of the thenar muscle + compression in the elbow, what you'll do?

- a) Surgical decompression
- b) CAT scan for survical spine

24)) A old patient on NSAID presents with long time history of knee pain "suggestive of osteoarthritis". Now he complains of unilateral lower limb swelling for 1 week he is c/p knee pain and on examination there is +ve pedal & tibial pitting edema. What is the next appropriate investigation?

- a) CXR
- b) ECG
- c) Echocardiography
- d) Duplex ultrasound of lower limb
- e) CBC

I suspect CHF !! may B !

25)) The antibiotic prophylaxis for endocarditis is:

- a) 2 g amoxicillin 1 h before procedure
- b) 1 g amoxicillin immediate before procedure
- c) 2 g clindamycine 1 h before procedure
- d) 1 g clindamycine immediate before procedure

26)) Child with positive Gower sign which is most diagnostic test :

- a) Muscle biopsy
- b) CT scan
- c) MRI

27)) 10 years old had an episode of rheumatic fever without any defect to the heart. The patient need to take the antibiotic prophylaxis for how long:

- a) 5 months
- b) 6 years
- c) 15 years
- d) 3 month

28)) case looks like asthmatic patient what's the first drug ?

- a) short B 2 agonist
- b) oral steroid
- c) antihistamine

29)) long scenario about young male vegetarian presented with brittle spoon shaped nails increase TIBC low Ferritin low Hb low MCV

- a) iron deficiency anemia
- b) sickle cell
- c) anemia of chronic disease
- d) G6PDD

30)) Patient with N.Gonorrhea bacteremia what is the AB of choice :

- a) Penicillin
- b) rifambicin
- c) IM ceftriaxone

31)) child diagnosed with N Gonorrhea meningitis what's prophylaxis given for his contact ?

- a) penicillin
- b) rifambicin
- c) IM ceftriaxone

32)) Regarding postpartum depression, what is the most appropriate intervention to reduce the symptoms?

- a) Include family in the therapy
- b) Isolation therapy
- c) Add very low doses of imipramine
- d) Encourage breast feeding

33)) At a day care center 10 out of 50 had red eye in first week , another 30 develop same condition in the next 2 week , what is the attack rate ?

- a) 40%
- b) 60%
- c) 80%
- d) 20%
- e) 90%

34)) Patient with high output fistula, for which TPN was ordered , after 2 hours of the central venous catheterization" blood transfusion", the patient become comatose and unresponsive , what is the most likely cause ?

- a) Septic shock
- b) Electrolytes imbalance
- c) Delayed response of blood mismatch
- d) Hypoglycemia
- e) Hypernatremia

35)) patient presented with flu like symptoms fever 39 c , red tonsils enlarged , tender lymph node and enlarged , otherwise normal on physical examination ,What's true ?

- a) suspect streptococcal infection more than than viral
- b) suspect viral infection more than streptococcal
- c) equally viral and streptococcal infection
- d) most likely EBV
- e) trm trm Trm

36)) Treatment of erosive gastritis?

- a) Antibiotics
- b) H2 blocker
- c) Depend on the patient situation
- d) Total gastroectomy
- e) sucralfate

37)) Young lady on fast food "Fesh Fash" you will give her:

- a) Ca and folic acid
- b) Ca and vit C
- c) zinc and folic acid
- d) zinc and magnisum

38)) Kawasaki disease commonly associated with prolonged fevr is:

- a) Strawberry tongue
- b) Coronary artery aneurysm
- c) Rash
- d) Trm trm trm

39)) 12 years old boy brought by his parent for routine evaluation, his is obese but otherwise healthy, he is on "Fesh Fash" fast food , his parents want to measure his cholesterol level, what is the best indicator of measuring this child cholesterol?

- a) His parent desire
- b) Family history of early CVA
- c) High BMI
- d) hypercholesterima , something like this !

40)) 5 years old child with history of fever and swelling of the face ant to the both ears (parotid gland enlargement) what is the most common complication according this age ?

- a) Orchitis.
- b) encephalitis
- c) labroitis
- d) Meningitis.

41)) 70 years old male was brought to the ER with sudden onset of pain in his left lower limb. The pain was severe with numbness. He had acute myocardial infarction 2 weeks previously and was discharged 24 hours prior to his presentation. The left leg was cold and pale, right leg was normal. The most likely diagnosis is:

- a) Acute arterial thrombosis
- b) Acute arterial embolus
- c) Deep venous thrombosis
- d) Ruptures disc at L4-5 with radiating pain
- e) Dissecting thoraco-abdominal

42)) long term drug that Increase survival rate in congestive heart failure :

- a) Enalapril
- b) Isosordil
- c) Furosemide
- d) Spironolactone

43)) Best way to secure airway in responsive multi-injured patient is :

- a) Nasopharyngeal tube
- b) Oropharyngeal tube
- c) Endotracheal intubation
- d) O2 mask

44)) First treatment for 35y old diagnosed with polycythemia vera ?

- a) Phelbtomy
- b) Some drug
- c) Trm trm trm

45)) Pregnant, fullterm, present with agitation comatose, fetal distress , BP: 88/60, fetal distress, what is the diagnosis?

- a) Pulmonary embolism.
- b) Amniotic fluid embolism.
- c) Pulmonary Edema.
- d) MI

46)) Patient with scoliosis, you need to refer him to the orthopaedic when the degree is more than:

- a) 5
- b) 10
- c) 15
- d) 20

47)) long case about Sickling patient after acute attack, at the end he ask about discharge on :

- a) Penicillin
- b) iron
- c) vitamin

48)) patient known case of SLE to prevent complication:

- a) avoid exccive sun exposure
- b) avoid nonprotective sex
- b) Trm trm trm

49)) Child with proptosis , red eye , restrict eye movement , normal examination :

- a) Orbital cellulitis
- b) Sinusitis
- c) Herpes zoster
- d) abscess

50)) Patient taking a medication , came to the ER suspecting she has overdose of her medication, her symptoms (convulsion, dilated pupil, hyperreflexia and strabismus) the medication is :

- a) TCA
- b) SSRI
- c) Hypervitaminosis

51)) 28 years old lady, C/O: chest pain, breathlessness and feeling that she'll die soon..O/E : just slight tachycardia .. Otherwiseunremarkable. the most likely diagnosis is:

- a) Panic disorder

52)) Arterial injury is characterized by

- a) Dark in color and steady
- b) Dark in color and spurting
- c) Bright red and steady
- d) Bright red and spurting

53)) Patient is wearing contact lenses for vision correction since ten years , now coming complaining of excessive tearing when exposed to bright light , what will be your advice to him :

- a) Wear hat
- b) Wear sunglasses
- c) Remove the lenses at night
- d) Saline eye drops 4 times / day

54)) 6 month old baby presented to the clinic with 2 days history of gastroenteritis. On examination: decreased skin turgor, depressed anterior fontanelle& sunken eyes. The Best estimate of degree of dehydration:

- a) 3%
- b) 5%
- c) 10%
- d) 15%
- e) 25%

55)) Patient developed dyspnea after lying down for 2 hours, frothy sputum stained with blood, +ve hepatjugular reflux, +1 leg edema, oncotic pressure higher than capillary 25% edema is:

- a) Interstitial
- b) Venous
- c) Alveolar
- d) Capillary

56)) Complication of the rapid correction of hypernatremia:

- a) Brain edema
- b) pleural edema
- c) hypokalemia
- d) trm trm

57)) Patient diagnosed with obstructive jaundice best to diagnose common bile duct obstruction:

- a) ERCP
- b) US

58)) 50 years old male heavy smoker with 2 years history of dysphagia, lump in the throat, excessive salivation, intermittent hoarseness & weight loss. The most likely diagnosis is:

- a) Cricopharyngeal dysfunction
- b) Achalasia
- c) Diffuse spasm of the oesophagus.
- d) Scleroderma.
- e) Cancer of cervical esophagus.

59)) Female underwent abdominal operation she went to physician for check ultrasound reveal metal thing inside abdomen (missed during operation), what will you do?

- a) Call the surgeon and ask him what to do
- b) Call attorney and ask about legal action
- c) Tell her what you found
- d) Tell her that is one of possible complications of operation
- e) Don't tell her what you found

60)) 58 years old very heavy alcoholic and smoker. You find 3 cm firm mass at Right Mid cervical lymph node, Most appropriate next step is :

- a) CT of brain.
- b) CT of brain
- c) needle biopsy.
- d) Excisional biopsy.
- e) Indirect laryngoscopy.

Or thia scenario

55 years old male pt, presented with just mild hoarseness, on exam, there was a mid cervical mass, best investigation is :

- a) Indirect laryngoscope
- b) CT brain
- c) CT neck

61)) Old patient presented with fever, Ear pain & discharge ,headache , hemiparesis, moist skin most likely cause:

- a) Epidural abscess
- b) Spinal cord abscess
- c) Subd Subdural hematoma
- d) trm trm hemorrhage
- e) herpes zoster – gunlat gangalin

62)) Middle age male came to you gunshot to his femur, when you explore you found a 5 cm destroy of the superficial femoral artery what you will do?

- a) Ligation and Observation
- b) splint & some thing but NOT Debridement and saphenous graft
- c) Debridement and venous graft
- d) Debridement and arterial graft
- e) Debridement and prosthetic graft

63)) What is the first step in minor burn :

- a) Wash by water with room temperature
- b) Place an ice
- c) application a butter
- d) debridment visible skin

64)) In flame burn , the most common cause of immediate death :

- a) hypovolemic shock
- b) septic shock
- c) anemia and hypoalbumin
- d) Smoke inhalation

65)) Patient G3 P3 all her deliveries were normal except after the second one she did D&C , Labs all normal except: high FSH, high LH, low estrogen, what s the diagnosis?

- a) Ovarian failure
- b) Asherman syndrome
- c) Turner syndrome
- d) Sheehan syndrome

66) post C/S lady present with discharge secrete a lot of discharge and u can see the internal organ through the wound:

- a) Wound dehiscence
- b) Clostridium infection

67)) 7 years old child had history of chest infection which was treated with antibiotics. The patient presented 6 weeks after cessation of antibiotics with abdominal pain, fever and profuse watery diarrhea for the past month. Which of the following organisms is responsible for the patient's condition?

- a) Giardia Lamblia
- b) Clostridium Difficile
- c) Escherichia coli
- d) Clostridium Perfringens

68)) case scenario patient null parity 24y old infertility presented with amenorrhea cyclic pain on examination tenderness lower abdomen investigation I'm forget it:

- a) uterine fibroid
- b) endometriosis
- c) pelvic inflammatory disease

69)) Q about Gonorrhea , direct question , I think about most common organism

70)) 29 years Old female has a breast lump in the upper outer quadrant of the left breast, firm, 2 cm. in size but no L.N involvement, what is the most likely diagnosis?

- a) Fibroadenoma
- b) Fibrocystic
- c) cancer
- d) abscess

71)) Notching on the lower edges of the fourth to the ninth ribs indicate enlarged intercostal arteries eroding the lower border of the ribs in cases of?

- a) Coarctation of aorta
- b) VSD
- c) ASD
- d) PDA

72)) long case, at the end ask about cause of syncope in aortic stenosis :

- a) Systemic hypotension
- b) arrhythmia
- c) trm trm

73)) 17 years old adolescent, athletic ,with history of Right foot pain planter surface, diagnosis is:

- a) Planter fasciitis
- b) vulgus
- c) brother of vulgus

74)) Patient on Amitriptyline 30 mg before bed time wakes up with severe headache and confusion, what's the appropriate action?

- a) Shift him to SSRI's
- b) Change the dose to 10 mg 3 times dail
- c) Continue on the same

75)) Which psychiatric disease is treated with electroconvulsive therapy :

- a) Paranoia
- b) Major depression
- c) agrophobia
- d) trm trm trm

76)) Pregnant lady, 8 weeks gestation, came with History of bleeding for the last 12 hours with lower abdominal pain & she passed tissue. On examination the internal Os was 1cm dilated. The diagnosis is:

- a) Complete abortion
- b) Incomplete abortion
- c) Missed abortion
- d) Molar pregnancy
- e) Threatened abortion

77)) pregnant lady 30 week, presented after fall down with painless dark bloody discharge trm trm trm your diagnosis:

- a) placenta previa
- b) placenta abrupt
- c) DIC

78)) patient trm trm trm when loss 1 liter of body fluid you will loss:

- a) 0,5 kg
- b) 1kg
- c) 1,5kg
- d) 2kg

79)) One of these not live vaccine:

- a) HBV
- b) OPV
- c) MMR
- d) BCG
- E) rubela

80)) What is the most important factor in attempt of successful cessation of smoking is?

- a) The smoker's desire to stop smoking
- b) The pharmacological agents used in the smoking cessation program.
- c) Frequent office visits.
- d) Physician's advice to stop smoking
- e) Evidence of hazards of smoking

81)) adult male come to you for the best way to prevent hypertension, he is nonsmoker, BMI: 28, his preesure: 139-130/95-90 ?

- a) weight reduction, exercise
- b) like choice (a) slight different
- c) sodium free diet
- d) fat something

82)) hypertensive present with trm trm trm , BP: 170/100 , he is on 2 type of antihypertensive but still high pressure , Na: ?forget K: ?forget what's the most cause ?

- a) Addison's disease
- b) pheochromocytoma
- c) hypothyroidism
- d) SIADH

83)) Treatment of scabies:

- a) Permethrin

I'm sure it's not the correct answer, I choice it but getting Zero in dermatology !

84)) Patient with dysphagia, ptosis, and double vision , his disease is due to:

- a) Antibodies to acetylchline receptors.

85)) Patient came with fatigue, weight loss and diarrhea. He received a blood transfusion when he was in kenea. He has low grad fever. The vitals are stable, Skin EX. There is contagious mollosum in groin (i guess it written like this) There is generalized lymphadenopathy and palpable liver ,, what is the diagnosis:

- a) secondary syphilis
- b) persistent chronic hepatitis B
- c) HIV
- d) acute lymphoma

86)) ask about the character of nadule that mostly use to diagnose Neurofibromatosis Coffee-de latte confirms dignosis of Neurofibromatosis:

- a) Arch-leaf nodule
- b) Axillaries and inguinal freckling
- c) another dispersion choices .. trm trm trm

87)) Flu like symptoms since two days and now has red eye, what is the diagnosis:

- a) Viral conjunctivitis
- b) Bacterial conjunctivitis
- c) Uvitis
- d) Glaucoma

88)) Picture of Snellen's Chart : a person should stand at a distance of :

- a) 3 meters.
- b) 6 meters
- c) 9 meters
- d) 12 meters.

89)) A 3 weeks old baby boy presented with a scrotal mass that was transparent & non-reducible. The diagnosis is:

- a) Hydrocele
- b) Inguinal hernia
- c) Epididymitis .

90)) Q about vaginal discharge and what the treatment:

- a) cream b)) metronidazole c)) doxycycline

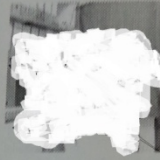
With best wishes .

قولوا ما شاء الله على الذاكرة .



The Saudi Medical Selection
Examination
for Postgraduate Training Programs

PROMETRIC



Name: ABDULAZIZ ALLOHIAN
Specialty: Saudi Medical Selection
Examination
Date of Issue: 10/28/2013
Result: Pass

Eligibility ID: 1061
Govt ID/Passport:
1061
Exam Center: 8725
Grade: %

Category	Diagnostic Information	
	Number of Items Correct	Total Number of Items
Basic Science		3
Medicine		25
Family Medicine		15
Obstetric		5
Gynecology		5
Psychiatry		5
Pediatric		15
Gen. Surgery		15
Dermatology		3
Orthopedic		3
ENT		3
Ophthalmology		3
Total		100

Thank you for taking the Saudi Medical Selection Examination.

This Result report is valid and can be used for 5 years from the date of issue.

Handwritten signature

My exam at 16-2-2013

Hassan Arishi – Jazan University

I tried to remember as much as I can, I hope it will be helpful

- 1- Mitral stenosis:
a- Diastolic, low pitch.
- 2- 2ry prevention:
a- Cardiac bypass graft surgery.
b- Immunization.
c- Detection of asymptomatic diabetic patients.
- 3- Patient with anemia, low MCV, and low MCH:
a- Iron deficiency anemia.
- 4- Patient has depressed mood since 3 months due to conflict in his work, ttt:
a- SSRI
b- Supportive therapy (sure I get 5/5 in psych).
- 5- Patient with postpartum depression on treatment, what is the best thing to add in ttt:
a- Include the family in treatment. (sure)
- 6- Warning symptoms in pregnant lady:
a- Vaginal bleeding
- 7- 1 month child with vomiting, abdominal distension, and constipation since birth, next step in diagnosis:
a- Digital rectal examination
- 8- Child with nonbilious vomiting and abdominal distension. On exam. Small mass in epigastric area. Xray shows double bubble:
a- Pyloric stenosis
- 9- Old patient with deep hip pain increase with movement and at the end of the day:
a- Osteoarthritis.
- 10- Patient with h. pylori, ttt:
a- Omeprazol, amoxicillin, clarithromycin
- 11- Female want to know about her height ,, you told her that her height will stop after
a- 36 MONTHS
- 12- Patient with dysphagia, ptosis, and double vision , his disease is due to;
a- Antibodies to acetylcholine receptors.
- 13- Patient with HTN, CT abdomen shows multiple cysts in kidney:
a- Polycystic kidney disease
- 14- The most common cause of 2ry HTN:
a- Renal artery stenosis
- 15- Which of the following associated with chronic diarrhea:
a- Hyponatremia
b- Hyperkalemia
c- Mg deficiency
d- Metabolic alkalosis
e- Hypercalcemia
- 16- The common cause of immediate death in burn injury:
a- Inhalation injury

- 17- Neck mass move with deglutition:
a- Thyroglossal cyst
- 18- Elderly patient known case of AF came with abdominal pain , and bloody stool, What is the diagnosis:
a- ischemic mesentery
- 19- pt with ARDS had pneumothorax...what do you think the cause:
a- Lung damage
- 20- About cardiac syncope:
- 21- Which of the following is part of teratology of falot:
a- VSD
- 22- In child sleep with milk bottle in his mouth, the most common complication is;
a- Dental cries
b- Aspiration pneumonia ???
- 23- Patient is known case of cervical spondylolysis , presented by parasthesis of the little finger , with atrophy of the hypothenar muscles , EMG showed cubital tunnel compression of the ulnar nerve , what is your action now :
a- Ulnar nerve decompression
- 24- Child with high fever, cough, stridor, and drooling of saliva, next step:
a- Give oral Abx and send him home
b- Give oxygen
c- Obtain throat culture
d- Admit in ICU and contact an ENT doctor
- 25- what vitamin you will give to prevent hemorrhagic disease of newborn :
a- Vit k
- 26- About relative risk:
- 27- A case of hypothyroidism on thyroxin, still complaining of weight gain, cold intolerance, and constipation, TSH high, what you will do;
a- Increase the dose of thyroxin and measure TSH after 6 weeks
- 28- 11 months boy with sickle cell anemia, regarding pneumococcal vaccine:
- 29- OCP associated with:
a- Decrease risk of ovarian cancer
- 30- Classic Hx of gout:
- 31- Benign tumors of stomach represent almost :
a- 7 %
- 32- Which of the following suggest benign thyroid mass rather than malignant;
a- Attachment to the skin
b- Lymphadenopathy
c- Hard in consistency
d- Multiple thyroid nodule
- 33- Old female with osteopenia ,fear from desk compression and fracture :
a- Vit.D ???
b- Weight reduction
c- Weight bearing exercise
- 34- Patient with dry eye, you give him drops for lubrication, your advice:
a- One drop in lower fornix (sure 3/3 in ophtha)
- 35- man fall down from ladder .. O/E:he almost not breathing ..cyanosed , no breath sound, although Rt side of his chest in hyperresnoant.. your action now is:
a- Rt pneumoectomy
b- Intubation
c- Tube thoracotomy.
- 36- clavical fracture in infant:

- a- Usually heal without complication
 - b- Usually associated with nerve injury
 - c- Need figure of 8
- 37- Facial nerve when it exits the temporomandibular joint and enter parotid gland it passes:
- a- Superficial to retromandibular vein and ext. carotid artery
- 38- adolescent with asymptomatic hernia :
- a- surgical is better than medical tt.
- 39- the wound stay in early inflammatory phase until :
- a- epithelial tissue formation
 - b- angiogenesis
 - c- the wound steril
- 40- pt after tanning bed he developed blanchable tender erythema and there is no blister :
- a- Prodromal
 - b- 1st degree
- 41- recognised feature of hiatus hernia :
- a- increase with pregnancy
- 42- a child swallow battery, imaging show that it's in esophagus, your action?
- 43- Aout dT in pregnancy :
- a- dT is not contraindicated during pregnancy
- 44- side effect of atropine:
- 45- Sickel cell patient , 11 month old, what is true about pneumococcal vaccine :
- 46- Which of the following not a live vaccine:
- a- Hep.B
- 47- Pregnant lady with gestational diabetes, what your action:
- a- Repeat investigation
 - b- Diet modification
 - c- Start on insulin
- 48- 17 years old , she missed her second dose of varicella vaccine the first about 1 y ago what you'll do:
- a- give her the second dose only
- 49- rubella infection during pregnancy what will do
- a- no treatment
- 50- 28 years old diabetic female who is married and wants to become pregnant. her blood glucose is well controlled and she is asking about when she must control her metabolic state to decrease risk of having congenital anomalies:
- a- before conception
- 51- regard obstructed labour:
- a- caput and moulding are known signs
- 52- regarding antepartum hemorrhage;
- 53- regarding spontaneous abortion:
- 54- child with gowers sign, to diagnose:
- a- muscle biopsy
- 55- Young patient with decreased hearing and family history of hearing loss, ear examination was normal Rene and Weber test revealed that bone conduction is more than air conduction, what would you do?
- a- Tell him it's only temporary and it will go back to normal.
 - b- Tell him there is no treatment for his condition.
 - c- Refer to audiometry.
 - d- Refer to otolaryngeologist (sure 3/3 ENT)

- 56- Best investigation for sinusitis:
a- CT (sure)
- 57- Painful loss of vision:
a- Acute glaucoma (sure)
- 58- what is the best management for binge eating disorder:
a- cognitive behavioral therapy (sure)
- 59- the most common side effect of antipsychotics :
a- weight gain (sure)
- 60- Female had history of severe depression, many episodes, she got her remission for three months with Paroxetine (SSRIs) .. now she is pregnant .. your advise:
a- Continue and monitor her depression# (sure)
- 61- pt was in the lecture room, suddenly had an attack of anxiety with palpitation and SOB, after this episode she fears going back to the same place avoiding another attack
a- Panic attack# (sure)
- 62- in epidemiological investigation best thing to do 1st:
a- verifying diagnosis
- 63- In PHC, from 50 child 10 got the disease on the 1st week, another 30 on the subsequent 2 weeks, what is the incidence of the disease in that PHC?
a- 80%
- 64- 44) About DM in KSA:
a- most of NIDDM are obese
- 65- 17 y.o, she missed her second dose of varicella vaccine, the first one about 1 y ago what you'll do:
a- give her the second dose only
- 66- Female had history of severe depression, many episodes, she got her remission for three months with Paroxetine (SSRIs) .. now she is pregnant .. your advise
a- Continue and monitor her depression

لا تنسونا ووالدينا من صالح دعائكم
بالتوفيق للجميع في الدارين

My exam 20/1/13

I tried to remember the new qs

- 1) Bulimia characterized by:
Hypokalemia
- 2) Phenytoin SE:
Gum hypertrophy
- 3) Antiepileptic drug cause alopecia;
- 4) When u remove suture in face:
3-5 days
- 5) Congenital hernia in 26 y/o , why to TTT ??
- 6) Pneumococcal vaccine in child less than 2 y
- 7) Pregnant with UTI , WHAT ttt ?
- 8) Mastitis , what antibiotics use?
- 9) Paroxetine , SE?
- 10) Cellulitis in neonate, what is the bug?
- 11) Anaphylactic shock, ttt?
- 12) Blood transfusion in 1075, what hep. Virus? **HCV**

GOOD LUCK,,,,,

Case of acute pharyngitis and arthritis and fever asking about diagnosis :-

Rheumatic fever

Rheumatoid arthritis

juvenile idiopathic arthritis

other disease

Female patient ,, the Q show table about weight and height + BMI is 24.2 ,, this patient is

Obese

Overweight

Normal body weight

Morbid obesity

What is the most true statement about the benefit of exercise
continuous steady exercise increase BMI

Exercise decrease HDL

Truncal obesity resistant to exercise

One more statement I didn't remember

Dry mouth is SE of

Pseudoephedrine -

Loratidine -

Atropine -

One more drug -

Patient diagnosed and treated from H.pylori .. the doctor should screen him for

Gastric cancer

Gastric bleeding

Gastric atrophy

Female patient with red macule on face ,, she give history that lesion present since birth ,, best treatment

Laser

Intralesional corticosteroids

Oral corticosteroids

Surgical excision

Teacher she say she had contact with known case of meningitis ,, what is the prophylaxis

Rifampicine

Cefuroxime

Amoxicilline

Steroids.

Known case of polymyalgia rheumatica came with vision loss ,, sever myalgia and fatigue what is the treatment

Prednisolone

Antibiotics

Tricyclic antidepressent

One more drug

Regarding sexual dysfunction ,, yohimbine and l-arginine are used in the treatment of

Male impotence

Female organ dysfunction

Azospemia

Female arousic dysfunction

Patient came for eye examination , he didn't complain anything no history of medical illness , so the frequency of eye examination

6-9 month

1-2 year

2-3 year

4-5 year

5-7 year

60 years old male , heavy smokers for 30 years complain of progressive hoarsness of 2 months ,, the Q show pic of vocal cord ,, the diagnosis is

Papilloma

Nodules

Carcinoma

Female she always washing her hands and she have idea that her hands is dirty ,, the diagnosis is

Obsessive compulsive disorder

Case of child , 22kg , dehydrated , the rate of fluid given to this child per hr is

30ml

65ml

90ml

130ml

Patient live in subtropical area came with insect on his lower limb with cholinergic and adrenergic symptoms ,, the cause is

Scorpion

Brown red reclus spider

2 more choices I didn't remember

Best drug for moderate to sever anxiety

Aloprozolam

Imipramine

Phenilzine

Haloperidol

Patient with sever acne , the benefit of early treatment is

Prevent physical scarring

3 more choices I didn't remember

Patient came with GCS E4M5V4 the interpretation of the response is

Female patient athletic ... 3 month of amenorrhea , physical examination normal ,, lab investigation

FSH , normal

LH , normal

Prolactine , normal

The diagnosis

Ovarian or adrenal failure

Pituitary adenoma

Hypothalamic amenorrhea

Genetic syndrome

Treatment of leprosy according to WHO recommendation

Colchicines

Dapsone

Rifampicine

Other drug I didn't remember

IV drug abuser came complaining of many physical illness every week, when patient is ignored and left alone he looks good, diagnosis

Conversion disorder

Somatic delusion

Other 2 choices

4 persons came 2-6 hrs after eating meal complaining of vomiting, diarrhea, crampy abdominal pain the causative organism is

Staph aureus

Colostridium butulinum

Cholera

Salmonella

Lactating women of 10 month baby have, she is known case of seizures on phenobarbiton, she asked you about breast feeding :-

Breast feeding after 8 hrs of taking medication

Wean for 3 weeks and observe seizures

Contraindication of breast feeding

Stop drug and followup seizures

15 years old female with unilateral breast enlargement

o/e mild tenderness and no discharge no mass palpable

reassure the patient

oestrogen

OCP

Tamoxifen

Patient with trauma to the chest came with dyspnea , increase pulse rate and respiratory rate , decrease blood pressure , the Q show pic with left side opacification ,He ask about the best managemet

Chest tube insertion

Patient with oethopnea , paroxysmal nocturnal dyspnea , exertional dyspnea and history of mitral valve disease , the diagnosis is

Left side heart failure

Right side heart failure

Aortic stenosis

pulmonary hypertension

HIV patient with eye problem on examination , necrotizing retinitis , flame shaped haemorrhage cotton wool appearance , the causative agents

CMV retinitis

Toxoplasmosis

HSV

More choice

Patient with fatigue , weakness , lab result show HB 19,ALP increased , HTC increased , the diagnosis is

Polycythemo vera

Patient with polycythemia after hot shower complain of pruritis , the cause of that

Abnormal histamine release

Increase histamins sensitivity

2 more choices

Obese young patient complain of sever thirsty and polyurea , lab result show

FBS 230 , HBa1c 7.5 , TG increased , cholesterol increased , LFT normal

The best initial treatment is

Insulin

Biguanides

Alpha glocosidase inhibitors

Thiasolidinediones

Patient came with clinical scenario of lymphoma which is fever , night sweats , fatigues , lymphadenopathy , unexplained weight loss , on microscopic examination show reed-sternberg cells , the diagnosis is

Hodgkins lymphoma

Non-hodgkins lymphoma

Patient treated with clindamycine , came with symptoms and sign of colitis (pseudomembranous colitis) what the most appropriate investigation :-

Clostridium difficile toxins in stool

Long term use of high doses of opioids associated with

Renal pain .

Patient with hypertrophic subaortic stenosis , undergo dental surgery and asking about prophylaxis

No need for prophylaxis

Pregnant lady with history of uterine fibroids , complaining of sever pain , on examination the fetus is alive , what to do ,

Pain management

Delivery of the baby

Other 2 choices

Which of the following associated with fetal congenital heart disease

Rubella

Toxoplasmosis

HIV

HSV

Breast examination pic on the Q he asked about true statement about breast examination

Infront of mirror

In the early morning

Husband should read the instruction and steps loud while doing examination

One more choice (something about to have help from partner)

Women did pap smear and repeated again showing high intraepithelial undefferentiated cells what to do ..

Colposcope

Cone biopsy

Total hysterectomy

One more choice

Patient with discharge from ear , on examination red tympanic membrane , the treatment

Oral antibiotics

Topical antibiotics

Oral steroids

Topical steroids

Postmenopause women ,, what you should expect

Osteoporosis

Drug named methylergotvinine used for treatment of post partum haemorrhage should be avoided in which condition

Maternal HTN

Patient with foreign body in eye ,, after removal you must give

Topical antibiotics

Oral antibiotics

Steroids topical

Steroids oral

Patient complaining of decreased vision acuity within 24 hrs , ocular oain on movement fundoscope show optic disc edema the diagnosis

Multiple sclerosis

HTN

DM

One more choice

Patient with symptomatic inguinal hernia what statement you should advice to the patient

Surgical repair is needed

Medical treatment can delay surgical intervention

2 more choices

Patient brought by his parents complaining of gum swelling and bleeding with toothbrush , on examination there is red erythematous area and painful vesicle on lips and gums , the causative agents

VZV

HSV

2 more choices

Child with ulcer in mouth , the ulcer margine is well demarcated and red , superficial and yellow floor , very painful , the diagnosis

Aphthous ulcer

Which subtype of bipolar disorder type 2 best responsive to lithium

Dysphoric

Rapid cycling

Mixed

Classic mania

Baby born to mother vaginally develop fever then rash start at face and axial distribution then all over body , the best treatment

Acyclovir

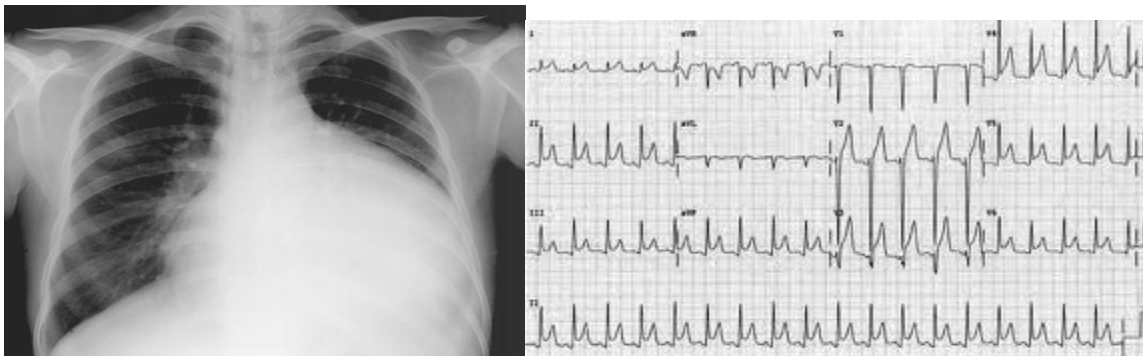
Varicella zoster immunoglobuline

Antibiotics

Steroids

Don't depend on most of choices or answers b/c I forgot most of them you can depend only on surgery & Emergency b/c I take full mark on both only

- 1- Pt. 40yrs come to hospital complain of sharp, central chest pain, exacerbated by movement, respiration, lying down with difficulty in breathing, hypotension, bradycardia, & a lot of thing long scenario the important thing that make diagnosis is the pictures (nearly to these but more smaller in exam):



- A- Pneumothorax
 - B- MI
 - C- Pericarditis**
 - D- Lung cancer
- 2- Known case of lung cancer before 4 yrs., last visit to doctor before 2 yrs. He had a problem in somewhere but I forgot, anyway how to best evaluate the bone metastasis:
- a. MRI
 - b. CT scan
 - c. DEXA scan
 - d. Positron emission tomography**
- 3- Long long long story about vegetarian female with anorexia nervosa complaining of easily fracture bone had along table of lab test all normal except (hypocalcaemia, hypophosphatemia, hypoparathyroidism) the most cause of fracture:
- a. Avitaminosis,
 - b. Pituitary tumors,
- 4- Girl with amenorrhea for 6 months with body mass is 20 and stable over last 5 years. Your diagnosis is:
- a. Eating disorder**
 - b. Pituitary tumors

- 5- Female athletics with amenorrhea 6 months normally before and now all investigation was normal LH, FSH, TSHetc. she didn't want to give up about athlete how to manage:
- a. Continues thyrotropine-releasing hormone
 - b. Pulsatile thyrotropine-releasing hormone
 - c. Continues gonadotropin-releasing hormone
 - d. **Pulsatile gonadotropin-releasing hormone**
- 6- Old pt. with intermittent urinary urgency, hesitancy, frequency normal in all thing (PSA normal) except in rectal exam show slightly enlarged median lobe, what is the next step:
- a. No need he's normal
 - b. **Routine PSA (prostatic specific antigen)**
 - c. U/s
 - d. Cystoscopy
- 7- Old pt. with intermittent urinary urgency, frequency, histansy normal in all thing (PSA normal) except in rectal exam show slightly enlarged median lobe, (Same question copy past) how to manage:
- a. Propranolol
 - b. Trade name drugs I don't remember the rest (sure no surgical option)
- 8- Female complaining of tender, warm, fluctuated, (signs of abscess) on the axillae, what to do:
- a. Excisional biopsy
 - b. Incisional biopsy
 - c. **Incisional & drainage**
 - d. Antibiotic choice
- 9- Pt. with flu-like symptoms before 2 days, she's complaining of red eye the most come likely Diagnosis:
- a. **Viral conjunctivitis,**
 - b. Bacterial conjunctivitis,
 - c. Allergic conjunctivitis,
 - d. Normal eye,



- 10- Women with breast cancer along time ago before 10 yrs and she treated, with partial mastectomy she didn't visit her doctor last 2 yrs., complaining of headache, flashlight, on the left eye from 2 days, I forgot the complete scenario, on examination there is no evidence of cancer or metastasis, no visual loss, hypertension, what is the next step:
- a. Refer to her oncologist,
 - b. Start migraine therapy,
 - c. **Admitted to hospital and advice ophthalmologist & oncologist,**
 - d. Start hypertension therapy,
- 11- Child presented with black swelling 1X1 cm in inner lower lip, not tender, suddenly discovered (dental problem why I should answer it):
- a. **Gingival cyst,**
 - b. Tumors
- 12- 6 month baby with severe dehydration with hypernatremia depressed fontanel, dry doughy skin, loss turgor skin, presented with fever, vomiting, diarrhea for 2 days, management:
- a. **IV hydration,**
 - b. Aggressive oral hydration,
- 13- Child with burning sensation on hand with itching aggravated at night on morning come to hospital shows minimal size papules/macules on hand
- a. Hives
 - b. **Scabies**
 - c. Impetigo
 - d. Psoriasis
- 14- Child with nodulocystic acne on face with scar black dot on tip (with no picture):
- a. Topical clindamycin
 - b. **Topical erythromycin**
 - c. Oral (forgot)
 - d. Oral (forgot)
- 15- Pt. with HBsAg & HBeAg discovered when he's goes for donor blood with routine investigation, no symptoms:
- a. **HBV DNA study**
 - b. Interferon therapy
 - c. Observation

- 16- 40 yrs. Old patient having epigastric pain for 2 days radiate to the back, fever tachycardia, hypotension, tenderness long scenario(signs of pancreatitis) what is the next step:
- a. **Serum amylase and lipase**
 - b. Abdominal X-Ray
 - c. Abdominal CT
 - d. Barium meal
- 17- 26 yrs. Old patient having RUQ pain for 8 HRS radiate to the Rt. shoulder, fever tachycardia, nausea, vomiting, rebound tenderness, he have the same attack before 6 month but minimal symptoms (signs of cholecystitis) what is the next step:
- a. **U/S**
 - b. X-Ray
 - c. CT
 - d. Barium
- 18- Child with enuresis, beside behavioral therapy advice for:
- a. Desmopressin and imipramine
 - b. Desmopressin and clonidine
 - c. **Imipramine and guanfacine**
 - d. Clonidine and guanfacine
- 19- Along scenario about old man he count everything step of ladder, foods, anything his eyes fall in or he do it,
- a. Obsession
 - b. Delusion
 - c. Alzheimer
 - d. **Compulsive behavior**
- 20- Female pt. with burning vulvae, on examination show dew drop on rose petal on vulvae:
- a. Herpes simplex disease
 - b. **Post-herpetic lesion (I'm sure there's nothing about chickenpox or varicella)**
 - c. Syphilis
 - d. Chancroid
- 21- How you can adverse the Magnesium sulfate toxicity in pre-eclampsia pt.:
- a. Sodium bicarbonate
 - b. Normal saline
 - c. **Calcium gluconate**
 - d. I.V hydrocortisol

- 22- Old man with fatigue & Myasthenia Gravis already diagnosed, treatment:
- a. Anticholinergic drug
 - b. Immunosuppressive drug**
 - c. Acetyl-cholinesterase inhibitor (both are correct ☹)**
- 23- Pt. with small bowel obstruction scenario with operation on small intestine before 1 year what is the most diagnostic methods:
- a. U/S
 - b. Barium enema
 - c. Double contrast barium meal
 - d. Small bowel barium follow through**
- 24- Old pt. 83 yrs. With rest tremor, abnormal gait, fatigue on examination shows bradykinesia:
- a. Cortical degeneration
 - b. Parkinson's disease**
 - c. Essential Tremor
 - d. Alzheimer's Disease & dementia
- 25- Old pt. complaining of bilateral gradual loss of vision with normal other investigation but on eye not dilated examination shows cortical opacities on lens, Diagnosis:
- a. Cataract**
 - b. Open-angle Glaucoma
 - c. Retinal detachment
- 26- Old pt. history of D.M. history of DVT shows cold, pale, hair loss, & calf pain:
- a. DVT
 - b. Acute spinal cord compression
 - c. Ischemia**
- 27- A known case of treated Hodgkin lymphoma with radiotherapy not on regular follow up presented with gradual painless difficulty in swallowing and breathing on examination there is facial swelling and redness, diagnosis:
- a. IVC obstruction
 - b. SVC obstruction**
 - c. Abdominal aortic aneurism
 - d. Thoracic aortic aneurysm

28- Pt. with Raynaud's phenomena he is living with roommate smoker, along scenario but this is the importance, treatment:

- a. Anti-vibrating gloves
- b. Keep core body temperature warm in cold
- c. Negative smoking is not a trigger of disease
- d. Keep hands warm away from cold**

29- Child pt. drink something poisoning I forgot but it's Organophosphate, with nausea, vomiting, diarrhea, hypersalivation, dilated pupil, bronchoconstriction, management:

- a. I.V Atropine administration**
- b. I.V Pralidoxime administration
- c. Immediate gastric salvage

My SLE exam today .

23 February 2013

1- female came with low thyroxin level , she gave (years ago ?) of graves disease and radioactive iodine treatment what is your next investigation ??

-TSH

-T3

-stimulation test (for TRH or TSH hormone)?

-radioactive iodine uptake.

2- pt with bilateral ankle edema and congested JV and SOB when lying down and chest crackling what would be the path physiology of this condition ?

-rt ventricular dysfunction .

-lt ventricular dysfunction

-others??

3-18 months child brought by his parents complaining of speechless except (mama and baba) what would be the next step in your management?

-developmental testing(I choose it but I am not sure).

-chromosomal analysis.

-hearing test

-others ? but no one of the choices reassurance.

4-deep laceration of the anterior wrist lead to :

-claw hand

-failure of thumb opposition (I choose it I think it is correct ortho grade is 3).

5-Most common causes of epistaxis in the children :

Self-induced I think it is correct ENT grade 3

6-Definition of null hypothesis :

I choose no significant difference between the population tested.

7-Most effective way of health education :

-mass media

-individual approach

-groups.

8-Which is correct about case control study :

-use in experimental study

-both groups should be randomized.

-both groups must be equal in numbers.

-this study looks for backward risk factors.

-forward risk factors.

9- 14-year-old female with BMI 32 considering : (this Q with graph)

-obese

-overweight.

10-16 weeks gestational age pregnant primigravida female with high BP in two different readings and she is completely healthy before this :

-chronic HTN

-chronic HTN with superimposed preeclampsia.

-gestational HTN

11-Pt come with PVC you investigation :

-I choose TSH (not sure)

12-Female with dysurea urine analysis showing epithelial cell

-chylamidia

-vavular contamination .

13-Old Pt with (infective endocarditis) + jaw pain which revealed dental caries in two or more tooth?

Next step management :

1 gm amoxicillin before procedure

2 gm amoxicillin after

1gm clindamycin after

2 gm clindamycin befor

14-18 months female with amenorrhea and lower abdominal pain ,tense resist examination what would be next step in management:

-reassurance this is normal in his age

-pelvic US(I choose it but I am not sure if it is gyne I got 5)

-urin pregnancy test.

15-Alzhemier with deficit memory effecting life but no behavioral change mini mental testing 22 from 30 drug of choices

-halepridol(I am not sure)

-lorazepam

-citalopram

-another one with G.

16-Pt with memory defect and another symptoms I can't remember but with wide ventricles and atrophy brain the diagnosis is :

-multiinfarct dementia.

-alzheimer disease.

-parkinson disease.

17-I think pt young male Painless penile (erythematous??) ulcer after that develop rashes in hand and soles what is the diagnosis :

-gonorrhea.

-syphilis

18-picture with vesicles and prodromal distribution and treatment choices

-acyclovir 200 for 7 days

-prednisolone

-dexamethasone

-foscarnet I can't remember but like this spelling for 7 days also.

19-Young male Neck swelling in the picture in the lateral side ,they describe it matted ,firm ,enlarged non tender and no other mass like this in his body :

-tubercle lymphangitis.

-lymphoma.

20-Curve about refo(Blood sugar monitoring) for uncontrolled DM admitted in the hospital the curve showing high FBG at 6 :00 am which dose you should correct :

-long acting insulin sat night

-short acting during the day.

21- in Kawasaki disease in addition to prolonged fever you will find :

-vesicle rash

-aortic aneurysm

-splenomegally

-hepatomegally

-strawberry tongue.

22-in comatose patient which sign indicate functional recovery in the patient :

-spontaneous eye opening

-purposeless abnormal movement

-resist eye opening

-light reflex

-oculocephalresponse .

23-antibiotic given before appendectomy ?

-cefalexine

-ceftriaxone.

-metronidazole.

24-pregnant lady in the third trimester filling unilateral swelling from the inguinal ligament all over her limbs (I don't remember exactly which other signs but I consider it DVT)

what is your treatment

-duplex +heparin

-venogram + heparin

(other choices not important)

25-pt newly diagnosed epilepsy on Phenobarbital she is breast feeding 10 months child what you will do :

- stop drugs immediately
- wean her child within 3 weeks.

26- 8 years child brought by his parents with weight and height above percentile , and he seems above his age what is your management :

- obesity medication
- surgery.
- life style modification .

27-parents worries about obese child want you to do lipid profile for him what is the significant indication for lipid profile in this age :

28-pat his appointment at 10 o'clock and the dr. came to him 11:15 ant the patient seems angry what should his Dr. told him and deal with the situation :

29-child came to eye evaluation the right eye 20/20 the left eye 20 /200 , the left eye turne in and the eye seems crossed, no restricted movement in the eye what is the diagnosis:

- congenital cataract.
- nystigmus
- strabismus(correct).

30- in teratollogy of fallot :

- VSD

31-painless Ulcer in the penis with inguinal lymphadenopathy :

- syphilis

-gonorrhea

32-in child with lyme disease what you should educate parents about

33-most common cause of otorrhea :

AOM

34-femal with bubbly ,greenish ,yellowish discoloration ,with erythematous vagina :

-candida albicans

-other candida

-trichomonas (I think correct)

35-wave like abdominal pain with vomiting :

-intestinal obstruction .

-appendectomy.

36-incomplaint psychotic patient what you will give him :

37-what is it true about spleen injury .

-observation of the patient to delay spleen rupture.

-in case of splenectomy we should give vaccination to e

38-pateint admitted with COPD when you will give the vaccination for him ?

-know

-after 2 weeks.

My SLE exam was on 25 - 12 - 2012

Abdullrahman Al harthi

<https://www.facebook.com/abdulrahman.alharthi.7#>

Q1 / patient with hypercholesterol you will advice him to avoid ?

White eggs

Chickens

Red meet

Avocado

Q2 / patient came with sever hypothyroids , poor response to painful stimuli . lab Na 104 . management ?

Intubation – thyroxin – hydration

Intubation – hydrocortisone – thyroxin – hydration

Thyroxin only

Q3 \ female patient G3 P0 with previous 3 elective abortion did D&C

Complication of this procedure ?

Asherman syndrome

Q4 / patient came with typical symptoms of hyperthyroidism on investigation there is one hot nodule high uptake of iodine

Treatment ?

Surgery

Anti hyperthyroidism medication

Radioactive iodine

Q5 / patient diagnosis as hodgkin's lymphoma microscopically find Reed–Sternberg cells contain eosinophils – basophile- lymphocyte no fibrotic tissue Type ??

Mixed-cellularity subtype

Nodular sclerosing HL

Unspecified

Q6 / 23 old female patient present with hx od amenorrhea for 5 months pregnant test was negative . O/E there is pelvic mass ?

Cystic Teratoma

Ovarian carcinoma

Q7 / patient admitted with symptoms and sign of sensory and motor deficient ? what is most likely vit deficiency ?

B1

Niacin

B 12

Q7 / what's true about streptococcus pharyngitis ?

Delay ttt for 9 days not risk factore for rheumatic fever

Ttt of pharyngitis now decrease incidence of glomerulonephritis

Q8/ patient complain of sore throat for 2 day fever for one day O/E cervical lymphadenopathy with red left eye . whats true about the cause ?

Viral more than bacteria

Bacteria more than viral

EBV

Q9/ contra indication for acute angle glaucoma ?

Dipivrin

Q10 / true about pregnancy ?

Methyropa not contraindication

Q11/common cause irregular bleeding per rectum?

UC or anal fissure or hemorrhoids

Q12 / typical hx about dilated hypertrophic cardiomyopathy

Q13/ Man athlete complain of recurrent ankle and planter pain which wake him from sleep ?

achilles tendonitis

planter fasciitis

Q14/ hypertensive old man use diuretic came today with hx of acute gout . causative agent ?

furosemide

thiazide

Q15 / chronic diarrhea ?

Metabolic alkalosis

Metabolic acidosis

Q16/ young male HTN with primary hyperaldosterone ttt ?

Spirolactone

Q17 /_Percentage of benign gastric tumor ?

7%

90%

75%

Q18 / prognosis of colorectal cancer depend on ?

Age

Stage

of lymph node

Q18 / prognosis of breast cancer depend on ?

Age

Stage

of lymph node

Q19 / aspirin toxicity ?

Respiratory alkalosis then metabolic acidosis

Q20 / pt was treat for TB come now with blurred vision and decrease visual acuity . whats ant TB drug cause this SE ?

Ethambutol

INH

Q20/ patient came with hx of dysnea cough and fever X-ray show lobe infiltration treat with ceftoxime . next day the condition worse and X-ray show sign of haemothorax . causative organism is ?

Staph

Strept

Pseudomonas

Q21 / clear case of spontaneous pneumothorax (smoker young man)

Q22/ vaginal discharge O/E cervix strawberry appearance ?

Chlamydia

trichomonas vaginalis

Q23/ red eye O/E lower eyelid turns inwards . what's this condition called ?

Ectropion

Intropion

1) A 5 year old child came with earache on examination there is fluid in middle ear and adenoid hypertrophy. Beside adenoidectomy on management, which also you should do:

- a. Myringotomy
- b. Grommet tube insertion
- c. Mastidectomy
- d. Tonsillectomy
- e. -----

2) 70 year old male with chronic Hepatitis B virus antigen carrier. The screening of choice is:

- f. Alfa protien + liver ultrasound
- g. Alfa protien + another tumor marker
- h. Abdominal CT + abdominal ultrasound

-

3) What is the deficient vitamin in infantile beri beri :

- i. B1
- j. B2
- k. B12
- l. Niacine

4) MMR VACCINE TO BREAST FEEDING

A – STOP FEEDING

B- SAFE IN BREAST FEEDING

C – I FORGET IT

5) Most common cause of intra cerebral hemorrhage:

- a. ruptured aneurysm
- b. Hypertension
- c. Trauma
- d. –

6) Woman 40 Y with cyclic bilateral nodularity in her breast since 6 month, on examination there is 3 cm tender mobile mass in her breast : what you will do next

- e. FNA with cytology
- f. Mammogram
- g. Biopsy
- h. Follow up for next cycle
- i. Observation

7) NEW BORN WITH Mid clavicle fracture :

- a. Surgery is always indicated if fracture is displaced
- b. Figure-8-dressing has better outcomes than simple sling
- c. Figure-8-dressing is strongly indicated in patient with un-union risk

- d. Both figure-8 and simple sling has similar outcomes
- e. HEALING SPONTENOUSLY

8)pediatric patient presented with abdominal pain and vomiting , stool occult blood , rash over buttock and lower limbs , edema of hands and soles , urine function was normal but microscopic hematurea was seen:

- a. Lyme
- b. Henoch-Schonlein Purpura

9)pt taking bupropion to quit smoking what is SE

- a. Arrythmia
- b. Seizure
- c. xerostomia
- d. Headache

10)picture in computer appear vesicle , bulla and erythama in chest skin so ttt



A ACYCLOVIR TAB 200 MG PO EVERY 4 HR 10 DAYS

B CORTICOSTEROID

C FAMCICLOVIR 500 MG EVERY 8 HR 7 DAYS

11)female pt with Rt eye pain and redness with watery discharge,no h.o trauma,itching,O/E there is diffuse congestion in the conjunctiva and watery discharge what you'll do:

- a. give Ab
- b. give antihistamine
- c. topical steroid
- d. refer her to the ophthalmologist

12)Regarding peritonitis:

- a.Complicated appendectomy the cause is anerobe organism
- b. rigidity and the cause is paralytic ileus
- c. can be caused by chemical erosion

13) Pt. has DM and renal impairment when he had diabetic nephropathy:there is curve for albumin

- a. 5y

- b. 10y
- c. 20y
- d. 25y

14) Juvenile RA ttt:

- a. Aspirine
- b. Steroid
- c. Penicillamine
- d. dydrochloroquin

15) Previously healthy female patient presented to ER with dysnea , anxiety , tremor , and she breath heavily , the symptoms began 20 minutes before she came to ER , in the hospital she developed numbness periorbital and in her fingers , what you will do

- a. Ask her to breath into a bag
- b. Take blood sample to look for alcohol toxicity
- c . contact with her family

16) Patient with dysphagia to solid and liquid , and regurg , by barium there is non peristalsis dilatation of esophagus and air-fluid level and tapering end. diagnosis is

- a. Esophageal spasm
- b. Achalas
- c. Esophageal cancer

17) pt he has asbestosis what u will see

- a – plural calcification
- b – plural effusion
- c – diffuse infiltration

19) twins one male and other female . his father notice that female become puberty before male so what you say to father

- a. female enter puberty 1-2 year before male
- b. female enter puberty 2-3 year before male
- c. female enter puberty at the same age male

20) 60 y/o male presented with progressive jaundice without abdominal pain

- a- head pancreas cancer
- b- gall stone
- c- cholangitis
- d - ???

21) pregnant female with preeclampsia and treated with magnesium sulfate what IS the initially clinical symptoms of over does of magnesium

A- hypotension

b- loss of deep tendon reflex

c- flaccid paralysis

d- respiratory failure

22)female after vaginal histerectomy she complain of urin come from vagina.....dx:

- a. Vesicovaginal fistula
- b. Urethrovaginal fistula
- c. Ureterovaginal fistula

23) 512) The mechanism of action of Aspirin

a. Inhibit cycloxygenase

b. Inhibit phospholipase A2

c. Inhibit phospholipid D v

24A boy felt down on his elbow , the lateral x-ray shows:

- a. Anterior Pad sign
- b. Posterior pad sign
- c. Anterior line of humerus intersecting the cubitium

25) Drug addicted swallowed open safety pins since 5 hour duration presented to ER X ray showed the foreign body in intestinal which the best management

a- shifted to surgery

b- discharge and give him appointment to follow up

c- admit and do serial abdominal x ray and examination

بسم الله الرحمن الرحيم

Collection of Recent Prometric Exams

DONE BY : Dr. Safa

All my exam qs highlight by yellow

Please, don't depend on the answers all R human made

20 yrs old man NOT KNOWN TO HAVE MEDICAL PROBLEM PRESENT C/O increase heart beat (PALPTATION) , NO CHEST PAIN , NO DYSPNEA OR COUGH , OE: ALL NORAML , CXR: -VE , BP 135 /110 , ECG >> 210 BPM >> NO INJURY EVIDENCE . WHAT THE NEXT STEP >>

- A- COMPUTED P-R INTERVAL
- B- V/Q SCAN
- C- CARDIAC ENZYME
- D- mmm forget ! (but wasnt relevant)

PT WITH MALIGNANT MASS IN THE RECTUM .. WHILE U R DOING RESECTION SURGERY AND TRYING AGGRESIVLY TO SAVE THE ANAL VERGE , U R AT RISK TO LEAVE MASS MARGINES AND :

- 1- RISK TO RECURRENCE OF CA
- 2- REVIEW MAY NEEDED BY SURGERY
- + 2 other choises i cant remember

LADY WITH NORMAL SECANDARY FEATURES I THINK >> WITH GENETIC 46XX >> EXAMINATION ENLANGE CLITORIS >> SEE THE PHOTO :

- A- male pseudohermaphroditism
- B- FEmale pseudohermaphroditism
- c- TRUE HEMAPHORDISM

MIDDLE AGE MAN WHO SUFFER FROM MORNING STIFFNESS AND LOWER BACK PAIN
DECREASE DURING THE DAY BY ACTIVITY , HAS THE SAME ATTACK BEFORE 1 YR Dx.

- A- osteoarthritis
- B- RH arthritis
- C- anklyosing spondoyolitis
- D- Gout

IN MY EXAM TODAY >

PT WITH RECURRENT NEPHROLITHIASIS (Ca oxalate) >> labs show upper limit normal of Ca
level in the blood + increase of Ca in the urine >> WHATS UR ADVISE ? :

- A- decrease Ca intake
- B- decrease protein intake
- C- increase water intake
- D- forget !!!!!

PT WITH REFRACTORY PEPTIC ULCER , PRESENT WITH DYSPEPSIA ,EARLY MORNING
FORCEFUL VOMITING OF UNDIGESTED DINNER FOOD , WHATS THE CZ OF HIS CONDITION:

- A- GASTROPARESIS
- B- GASTRIC OUT LET OBSTRUCTION

OTHER 2 CHOISES I FORGET THEM !

THIS Q FROM THE FILES , I HAD THE SAME Q YESTERDAY :

62) Patient has COPD on B agonist shows 13% improvement .What you will add :

- a) Aminophylline
- b) Steroid
- c) Ipratropium

EXPLANATION : Anticholinergic (Ipratropium bromide and tiotropium) are the first line drugs in COPD. Source : KAPLAN medicine page 295

Postmenopausal women with Hx of Breast Ca notice that urine pass when she laugh , change position . On examination there are mild vesicocoele and vaginal atrophy with . What is the first action u will advise :

- 1- Kegel exercise
- 2- vaginal estrogen cream
- 3- surgery
- 4-

Patient with HX of IV drug abuse + multiple sexual activity serology is positive for RNA-Falvivirus .. Whats the responsible viruse :

- A- HAV
- B- HBV
- C- HCV
- D- HDV

CT shows Liver mass . in the prephral blood there is eisonophilia >> WHATS THE CAUSE ?

- A- AMIABIC LIVER ABCESS
- B- PYOGENIC LIVER ABCESS
- C- SHISTOSOMA
- D-

1-REGARDING SEASONAL AFFECTIVE DISORDER:

- A- common in nother latitude area
- B- common in males than females
- C- common between 30s – 40s
- D- Hx of anxiety disorder is a risk factor

2- FEMALE WHO HAD PRESENTATION IN THE CLASS START SUFFERING FROM PLAPITATION , SWEATING .. etc , SHE COULD NOT COMPLETE HER PRESENTATION , AND LEFT THE CLASS .. SINCE THAT TIME SHE AFRAID ENTERING THAT CASS AGAIN .. WHAT IS HER DX ??

- A- panic disorder
- B- specific anxiety
- C- generalize anxiety
- D-.....

PT WITH LONG HX OF SMOKING CAME C/O CHANGE IN THE TONGUE , WITH ULCER IN THE SIDE OF TONGUE NOT IMPROVE WITH HYGIENE .. WHAT IS THE NEXT STEP ?

1- BIOPSY

2- ((strange name of stain >> there is iodene in it))

3- HIV SCREEN

G3P3 women CAME WITH AMONERROHEA WITH HX OF D&C AFTER THE SECOND PREGNANCY , INVESTIGATION SHOWED INCREASE LH + FSH , PROLACTINE AND DECREASE IN ACTH + TSH >> WHAT HER DIAGNOSIS ??

- 1- OVERIAN FALIURE
- 2-((SOMTHING)) SELLA TERCICA
- ATHER TO CHOISES I CANT REMEMBER

WOMEN WITH A HISTORY OF TERATTOMA OF OVARY (STROMA OVARI) 10 YEARS AGO PRESENT THIS TIME WITH ((PIC OF HYPERTHYRODISM)) HER BP 135/110 >> WHAT 1ST THING TO DO ??

- 1- BLOOD LEVEL OF T4
- 2- HOLTER MONITER
- other 2 choises i cant remember , but wasnt relevent i think

DR. Marwa Exam

1-50 years man with fever ,viscle, papule, pustule with burning pain in left side of trunk in linear manner , whtx the DX:

- *herpes type6
- *shingles
- *EBV

2-(pic) child with chin lesion (red shiny as I saw it) >>>Impetigo

3-middle aged singer with partial aphonia .. was normal before , laryngoscope done showed (PIC – POLYPE SHINY GREY), whats Dx:

- * laryngeal ca
- *vocal cord polyp (Correct sure)
- *laryngeal
- *..... Syndrome

4-pt with ((Chlamydia trochomatis)), what U will advice:

- *improve water supply and sanitation
- *improve water supply and vector irradiation.

5-pt on warfarin U will advise him to avoid:

- *Carrot
- *green leaflet vegetable (I think correct as solved be4)
- *meats

6- 20 yrs old man NOT KNOWN TO HAVE MEDICAL PROBLEM PRESENT
C/O increase heart beat (PALPTATION) , NO CHEST PAIN , NO DYSPNEA
OR COUGH , OE: ALL NORAML , CXR: -VE , BP 135 /110 , ECG >> 210
BPM >> NO INJURY EVIDENCE . WHAT THE NEXT STEP >>

- * COMPUTED P-R INTERVAL (correct)
- *V/Q SCAN
- * CARDIAC ENZYME.

7-Pt had fever, myalgia and arthralgia received antibiotics for 1 week now

developed rash (Pic.) vesicular , red over trunk no crossed the midline
..Dx??

- *Drug induced
- *shingles
- *Viral

8-middle age man to assess conductive hearing by:

- * tick –took watch (correct sure)
- * I cant remember the rest of choices

9-in child to assess hearing by whispering , which couple of words U use :

- *cup, potato
- *sun , skin
- * I cant remember , and I have no idea at all about it

10-child known Penicilline allergy , Rheumatic fever , present with new valvular problem , how to TTT:

- *oral doxycyclin
- *Iv vancomycin (I think this correct)

11-pt post tooth extraction received cefipime for 2 weeks,, he had fever with perfuse watery green diahrea as before and segmoidscopy done showed white patches ,,how to ttt:

- *clarithromycin
- *Vancomycin
- *Gentamycin
- *linozolid

12_pt came from Africa last week present with FEVER 40C , arthralgia , myalgia , headache , and (Suff... conjunctivitis) ... ((no rash in the scenario or lab works)) ..whats Dx:

- *Yello fever
- *Ebola

* ...????

13-old man sudden loss of consciousness, no Hx of convulsion O/E :
nystagmus

Ct done (Pic) haemorrhagic lesion in occipital area..

*intra cerebellar hemorrhage

*occipital hemorrhage

14-pt with stage A colorectal ca ,, Whats the prognosis??

* >95%

*75%

*30%

15- Typical Scenario of allergic conjunctivitis , bilateral redness and itching ,
watery discharge : Hw to TTT ??

(the choices were by generic name drugs .. read about topical
antihistamines)

16-female with chronic diarrhea and + Antibodies , what U will tell her about
diet:

*Gluten –free diet (correct)>>> Celiac disease

17-Typical scenario of female post partum offensive lochia and febrile ,
tender pelvis :

*iv metronidazole + clindamycin

*iv gentamycin + clindamycin

*oral ceftriaxone

* (I cant remember)

18 -70 years old man , sudden tearing pain in central chest and in between
scapula , referred to jaw and neck , pulse :110 and BP :160/110 ,left eye
ptosis with constricted pupils , and right diaphoresis , peripheral (radial and
pedal) right pulse profoundly palpable and left is normal .chest examination

showed Aortic regurge murmur ,otherwise normal, ECG showed st changed , whats the Most accurate Invx to reach diagnosis:

- *CT chest with contrast
- *CT Brain
- *Cardiac enzymes
- *transoesphagial Echo.

19-pt with central face burning pain mainly in the nose followed by fever and vesicular rash in erythamitous base in the nose ,forehead and periocular area, whats the cause??

- *herpes simplex
- *varecilla
- *EBV
- *trigeminal neuralgia

DR. Ozaz Hamzah

Q long difficult strange seniaro , male abd. Pain in left up radiates to back, related to food , dryness skin , significant postural hypotension, ejection systolic murmur, high total, normal electrolytes , wt next ivesti ?

- a- Abd imaging
- b- ERCP
- c- Amylase.lipase
- d- Up.endoscopy

2/ q male c/o = sudden sob,sudden chest pain in up. Posterior ,friction rub ,po2 80, bp-90/70. , wi dx

- a/ q/v scan
- b/ cardiac areterogram
- c/ cxr

3/q best ttt of anti psychotic in pt has heart attack

4/ q burn hand e.hydrochloric acid ?

- a/ H₂O irrigation
- b/ bicarbonate irrigation
- c/ I forget

4/ severe sudden electric shock pain in arm with paraesthesia in fingers, neck pain . dx ?

- a/ disc prolapse
- b/ torn rotator cuff
- c/ injury(strange name)

5/ male has severe constipation , no vomiting , rigidity, abd mass lt. iliac , normaaaaal ESR & CRP , high TWC , wt dx ?

- a/ acute diverticulitis
- b/ chrons dis
- c/ appendicitis

6/ q pt. had fistula- in ano chrons dis , wt ttt ?

- a/ botolim inj then surgery
- b/ treat chrons by medication then sugery
- c/ Abx
- d/ worm bath & dressing

7/ most complication of mumps in childhood?

8/ q epileptic women want to get pregnant , ask why congenital dis occur ?

- a/ seizure affect baby
- b/ seizure affect mother
- c/ site effect of anti convulsant

9/ q female feel throat mass , no vomiting , no hurtburn, endoscopy & cxr normal . dx ?

- a/ ca. oesophagus
- b/ plummer-vension syndrome
- c/ pharynx diverticula
- d/ Globus pharyngeus

10/ q developed urine incontinence . no precipitating factor , after voiding still feel palpable bladder, difficult in initiation , wt dx ?

urgent incontinence

- stress incontinence
- reflex incontinence
- overflow incontinence

11/ q pregnant had postpartum haemorrhage , which of the following contraindicated if she asthmatic pt ?

- a/ oxtocin
- c/ FFB
- c/ progesrtone alfa ...
- d/ ,,,,, , something strange

12/ q child with anemia, recurrent chest infection , bossing of head , his brother had the same dis. , wt dx.?

- a/ haemolytic anemia
- b/ haemologubinopathy
- c/ AML

13/ q 20 days neonate , had jaundice that dx. As breast feeding jaundice , but after week investigation done show cong. Bilirubin , wt dx. ?

- a/ GSPD
- b/ hemolytic anemia
- c/ biliary artesia
- d/ ABO icom.
- d/ Rh income.

14/q old female menopause, previously had vaginal dryness that's treat e. cream. Has n hot flushing & being well , she do a vigorous exercise three time /wk , had a Fx of ca. breast , wt true ?

- a/ estrogen used to prevent/treat vaginal atrophy & dementia
- b/ bone scan should done & take supplement
- c/ mmm forget

15/q pic e. penile discharge e +ve diblococci

16/q drugs cause GI bleeding ?

- a/ ibuprofen
- b/tramadol
- c/morphine

d/

16/q pregnant women with fetal distress , low urine output, ,high urea, high PT, low fibroingen, low PLT. , wt dx. ?

a/ DIC

b/ ITP

c/pregnancy induced thrombocytopenia

17/ q about osteoarthritis , direct q

18/ q HOCM & dental procedure ?

19/ q child with ceiliac dis. Which food is safe ?

a/ rice

b/ oat

c/ wheat

d/ forget

20/ q pt has fatigue & wt. gain , investigation : low ACTH, low FSH, low LH, low TSH ,initial management ?

a/ corticosteroid & thyroxine

b/ corticosteroid & gonadal hormone

c/ corticosteroid & gonadal hormone

d/ thyroxine & gonadal hormone

21/ q which elements contain in kidney beans , sun flower seeds, chickpeas , ?

a/ iron

b/ chromium (something like that)

c/ strange

22/ female had large volume cycle with intermenrtral bleeding , his husband in different area ,wt .dx ?

a/ anovulatatry cycle

b/ endometriosis

c/ endometrial ca.

23 / very details finding in acute closed angle glaucoma ! plz read

24 / pt with nodulocystic with scarring wt dx ?

- a/ topical clindamycin
- b/ topical erythromycin
- c/oral doxacycline
- d/oral retinoid

25/ treatment of acne rosacea ?

- a/ oral doxycycline
- b/ topical steroid
- c/ ...

26 / the congenital infection cause congenital heart dis ?

- a/ rubella

DR. SHapla Exam:

1. there was a case saying pt has lesions on the fingers that appear flat with black dots and with pairing.....

- a. HPV
- b. Molluscum contagiosum
- c. Verrucae
- d.

2. 13 yr old boy having yellow color crust.....there was a pic of the

- a. Impetigo

b. Cellulites

c. Bollous

3. a school going chil having very itchy in his scalp and in his class other ten boys also got the same thing....

a.cadida albicans

b.pediculosos(lice)

c.scabies

4. there was a pic showing CT scan of the head.pt is having vomiting headache,neck stiffness and positive kernig sign dx

a. sundural hemorraghe

b. meningitis

c. multiple sclerosis

d. forogt

5.case of post partum depression plz read abt tht.it was a direct case

6.there was pic of chest X-ray showing .pt is kicked thn he develop SOB reduce chest expension.positive chest compression test.RX

a. thoracotomy

b.pericardiocetesis

c. chest tube

d.forgot

6.a 19 year old girl came with history of sore throat and she admits tht she had oral sex.but examination there is nothing.wht u will advice her

a.take blood culture

b.take swab frm throat

c.do nothing

d.give her long acting penicilline

7.which drup increase the level of digoxin..

a.neomycin

b.indomethacin

c.rifampicin

d.paracetamo

8. which anti convulsant drug had side effect of hairloss

a. bezodiazepam

b. sodium velproate

c. phenytoin

d. d.forgot

9.direct question abt paranoid personality disorder.plz read abt tht.....

10. there was a case how to measure CRUDE DEATH RATE.plz read tht how to calculate.

12.pt is having DM2 but never took medicine for tht.there was a lab result showing FBG 129mg/dl and random blood suger is I think 180 I don't remember.how to treat him

a.give him Anti DM drugs

b.give insuline

c.advice control the diet

b.forgot

13.direct case abt hypothyroidism.read the signs and symptoms of the.u have to diagnose tht

14.direct case abt PCOS

15. read abt the congestive heart failure pathophysiology

16.case of a gout.direct question.

17.case of a chronic fatigue syndromes.rx

18. a man went on vacation. he noticed a white patch in his chest which became more clear after getting a sun tan which was spread on his chest.ur Dx is

- pityriasis versicolor
- vitiligo
- pityriasis rosacea

19. child with papule vesical on oropharynx and rash in palm and hand so dd.

- a. CMV
- b. EBV
- c. MEASLES
- d. RUBELLA

20.-Best exercise for Ischemic heart disease patients:

- A. Isotonic
- B. Isometric
- C. Yoga
- D. Anaerobic

21. Pregnant for 12weeks, Ex. uterus as large as 16weeks, High BHCG, US showed small fetus less than his age. Diagnosis

a-placental site trophoblastic disease

b-choriocarcinoma

c-Complete hydated cyst

22. read the side effects of haloperidol.....

23. 34 year old lady came with hx of dysmenorrhya and infertility for 3 years
wht is the diagnosis

a. POCS

abortion

c.endometritis

d.endometriosis

23.the refractory treatment of post partum hemorrhage

a.hemobate

b.hestectomy

c.embolization of uterine artery

d.

24. what advice will you give to a patient who is having colon cancer

- a. vit D
- b. vit E
- c. folic acid
- d. zinc

25. case of diabetic neuropathy.....

=WHAT IS THE MOST RISK FACTOR ?? (SOLVED IN SLE GP)

26. A question about the method of taking pap smear !!

- a. Vaginal sample.
- b. 3 samples.
- c. 1 sample from os.
- d. 3 sample from endocervix

27. treatment of 2 degree burns

28. treatment of corneal keratitis

29. patient came to doctor and saying that he can hear sound from fridge and saying that all foods having poison

- a. visual hallucination
- b. auditory hallucination

c. delusion

d. schizophrenia

30. read abt surgical treatment of rectal cancer (REVIEW MY EXAM UP)

30. direct case of whooping cough

31. how flavi virus transferred?

32. direct case of tenia corporis

33. direct case of hepatitis B, how to treat

DR. Salman Exam

1- a patient with trigeminal nerve neuralgia ,, how to treat it :

carbamazipine

2- long scenario , but basically a 60 year old patient with cystocele with urinary incontinence , how to treat :

- kigel exercise
- estrogen

- surgery
 - phyndsjhvs, some drug i cant remember the name
- 3- why do we use ssri :
- cheap .
 - effective with low side effects .
 - can help diagnose different types of depression .
 - something i cant remember

at the end read about

- the steps of treating GERD
 - ACNE
 - CUSHING disease
 - Check files for dr. Abdullah Nanaa' Exam
- it is very helpful

GOOD LUCK ☺

DON'T FORGET TO PRAY FOR ME

لاتنسوني من صالح الدعاء

although not much Qs had been repeated , but they still have the very same ideas .. in general , around 5 Qs were in alqassim collection -exactly the same- and more than 10 sharing the same Med. info (in one way or another). more Qs are in the same subjects, few Qs are very simple and can be solved with minimum Med. knowledge, little Qs (at least three in my exam) were about things i have never ever heard about (Meds , diseases and microorganisms)

for Docs who are preparing for the exam : the most important thing -in my opinion- when you prepare for the exam (i strongly recommend u start reading alqassim collection and if u have more time u read what u can) , is to focus on the INFO and not merely memorizing the correct answer !! very low chance that you find the same questions , but definitely the same subjects and ideas will be repeated .. for example : not a single exam will not have at least one or two Qs about VACCINATIONS so u r gonna have to read the Qs about them and revise the important subject headlines (when u read the Qs from previous exams u will notice the pattern of the Qs is like : 1-life att. or killed or ...,2- missed certain vacc , what will u do ,3- safe for pregnant or not ?? and so on) and say the same for other subjects. although the exam Qs are very randomly generated (i believe) but the number of Qs for each field will be the same AND some subjects DEFINITELY will be in the Qs (in one way or another)

important subjects for the exam (Vaccinations (for child and pregnant), skin rash and URTI in paedia, thyroid case, Dx and meds for common psych. cases , HEBATITIS B MARKERS (Abs and Ags) , pregnancy emergencies and contraindicated Meds.UTI for males and females. statistical Q (stillbirth rate, mortality rate , sensitivity and specificity . etc)

dr.alkaf

- 1) 2 weeks infant . presented with whitish pinhead patches over his face , what will you do :
 - a- Do nothing
 - b- Local antifungal
 - c- Oral antibiotic
- 2) 6 years old child was bitten by a CAT , what is the organism ?

a-Pasteurella

b-Strepto viridians

C- *Staphylococcus*

3) 2 years old child, presented with multiple pustular lesion on his scalp , what is the disease ?

a- *pustular folliculitis*

b- ???

(not sure)

4) 28 years pregnant at 20 weeks of pregnancy. Developed dyspnoea and resp. distress of sudden onset , what is the diagnostic test :

a. 2 chest x-rays

b. Echocardiogram

c. CT scan

d. V/Q ventilation

5) 60 years admitted to the hospital as end stage COPD, what will you expect in lab. Work :

a. Hypokalemia

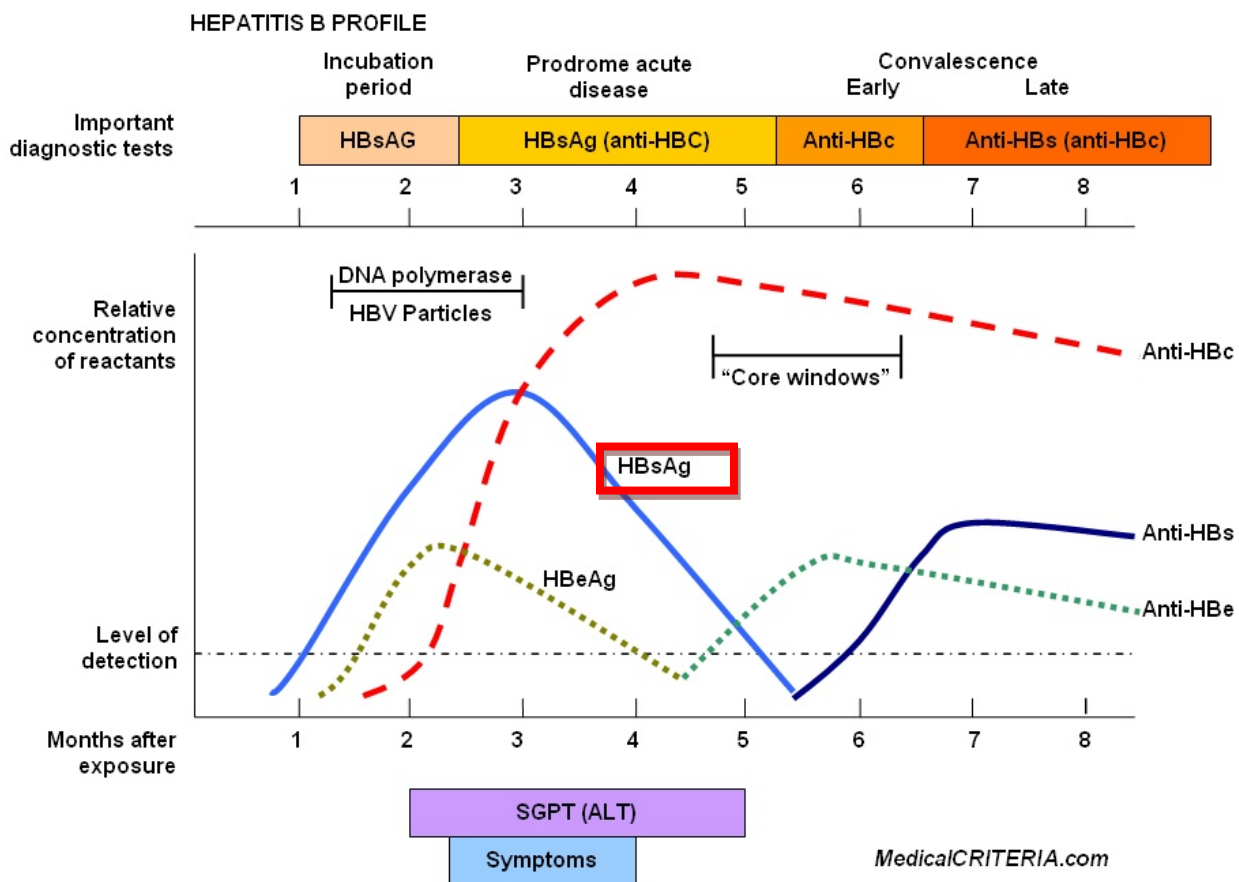
b. Hyponatremia

c. Low ferritin level

d. Erythrocytosis

6) Heb b chart , what viral mark we see at this stage ? :

(closest diagram I found on the internet)



a-HBe ag

b-HBsAg

c-HBe antibodies

d-HBs antibodies

7) child diagnosed as HAAD , what is the treatment ?

????

8)TTT of bipolar disorder:

??? (NO lithium in choices)

9) 45 years male, last few weeks increase alcoholic intake, activity and phone calls, also no sleeping for more than 2 hours at a time. What is your diagnosis :

a) alcohol abuse

b)mania

10) a question about STILLBIRTH RATE in a given small town (with given multiple statistics)

11) Female was given first dose of tetanus vaccine and missed the second for few years , what will you do :

a)give second dose anyway .

12) fireman came to ER with 1st and 2nd degrees burn on face and neck , burn area around 5% ,blister formed, what will you do :

a- drain blister

b-apply silver sulfadiazine and start antibiotic ...

13)60 years female, c/o back pain, bone density=2.5, what will you do :

a)NSAID

b)calcium

c)calcium+vit.d+phosphorus

d)exercise advise

14)male presented with white discharge of urethra, febrile, dysurea ,
gram stain show gram +ve diplococcic. What is your diagnosis :

a)gonorrhea



SL

EXAM

MRCR 2006

هذه حلول اجتهدت فيها بالرجوع للكتب، والسؤال، وبعضها مما أتذكره. لذلك لا أضمن عدم وجود أخطاء و ووضعت بعض الشروح والإضافات
أسأل الله أن ينفعكم بها.
أخوكم/ محمد جمال حولدار 1427/8/26

1- evidence base medicine :-

- a- practice medicine as in the book
- b- practice according to the department policy
- c- practice according to available scientific evidence**
- d- practice according to facility
- e- practice according to latest publish data

2- 42 years old man presented with sudden eruption all over the body with palm & foot ,, most likely Dx.:-

- a- syphilis
- b- erythema nodosum
- c- erythema multiform**
- d- fixed drug eruption
- e- pityriasis rosea

☺ Special thanks to Dr.noor

3- causes of 2ry hyperlipidemia all except:-

- a- hypertension**
- b- nephrotic syndrome
- c- hypothyroidism
- d- obesity

4- non steroidal anti-inflammatory drug can cause all except

- a- acute renal failure
- b- tubular necrosis ?**
- c- hypokalemia
- d- interstitial nephritis

☺ Special thanks to Dr. roa`a



5- obese 60 year lady " cholecystectomy " 5th day post-op she complain of SOB & decreased BP 60 systolic ,, on exam unilateral swelling of Rt. Leg the Dx is:-

- a- hypovolomic shock
- b- septic shock
- c- pulmonary embolism**
- d- MI
- e- Hag. Shock

6- 55 year old male with COPD he complain of 1 wk fever , productive cough on CXR showed Lt upper pneumonia ,, sputum culture +ve H.influenza , most drug:

- a- penicillin
- b- doxycycline
- c- cfuroxime**
- d- gentamycin
- e- carbenicillin

7- 8 years old boy which is 6 year old height & bone scan of 5.5 years ,, Dx is:

- a- steroid
- b- genetic
- c- hypochondriplasia
- d- hypothyroidism**

☺ Special thanks to Dr.Najla

8- the effectiveness of ventilation during CPR measured by:-

- a- chest rise**
- b- pulse oximeter
- c- pulse acceleration

☺ Special thanks to Dr. Dua`a



9- this signs & symptom of IBD except:-

- a- bleeding per rectum
- b- feeling of incomplete defecation
- c- Mucus comes with stool
- d- Wt. Loss
- e- Abdominal distention

(لو كان السؤال عن IBS الجواب يكون a، أما هذا السؤال فاحتمال b)

10- this suggest acute appendicitis except:-

- a- fever 38.1
- b- anorexia
- c- vomiting
- d- umbilical pain shifting to Rt LQ
- e- **pain improved with sitting & learning foreword**

☺ Special thanks to Dr. Gada Al-Naseer

11-15 years male with Hx. Of 3 days yellow sclera , anorexia , abdominal pain :

LFT: T.bilirubin = 253

Indirect = 98

ALT = 878

AST = 1005

The Dx is:

- a- Gilbert disease
- b- **Infective hepatitis**
- c- Obst. Jaundice
- d- Acute pancreatitis
- e- Autoimmune hepatitis

12- 35 years G4P2+1 1year Hx of irregular heavy bleeding

O/E WNL ,,, the most Dx is:

- a- Early menopause
- b- Narvouse uterus
- c- Dysmenorrhea
- d- **DUB**
- e- Endometriosis



- 13- 30 year old male with Hx of pain & swelling of the Rt Knee , synovial fluid aspiration showed yellow color , opaque appearance , variable viscosity , WBC 150000 , 80% poor mucin clot ,, Dx is:
- a- Goutism Arthritis
 - b- Meniscal tear
 - c- RA
 - d- SA**
 - e- Pseudogout arthritis
- 14- 30 years old teacher complaining of excessive water drinking & freq. Urination ,, O/E WNL . you suspect DM & request FBS = 6.8 the Dx is
- a- DM
 - b- DI
 - c- Impaired fasting glucose**
 - d- NL blood sugar
 - e- Impaired glucose tolerance
- 15- Hirsutism ass. With which of the following?
- a- Anorexia
 - b- Juvinal hypothyroidism
 - c- Digoxin toxicity
 - d- c/o citrate ?**

☺ Special thanks to Dr. Rana Al- Belwi

- 16- the most accurate diagnostic inv. For ectopic preg.:-
- a- culdocetesis
 - b- pelvic U/S
 - c- endometrial biopsy
 - d- serial B-HCG**
 - e- laparoscopy



17- 12 years old female non pruritic annular eruption Rt foot for 8 month , Hx of pale , non scaling no response to 6 week of miconazole:-

- a- **Discoid lupus erythematosus**
- b- Erythema nodosum
- c- Choricum marginatum
- d- Granulomatus annular
- e- Tinea carporis

18- 26 years female 6 month Hx of bilateral temporal headache increased in morning & Hx of OCP last for 1 year , O/E BP 120/80 & papilloedema ,, Dx. is :-

- a- Encephalitis
- b- Meningitis
- c- Optic nuritis
- d- **Benign intracranial hypertension**
- e- Intracerebral abscesses

☺ Special thanks to Dr. Susan Makhashen

19- 2ry prevention is last useful method of disease controlled in :

- a- Breast ca
- b- DM
- c- Leukemia
- d- **Malnutrition in children**
- e- Toxemia of pregnancy

20- one of your elderly , hypertensive pt's is well controlled with diuretic regimen , the pt has attributed this NL BP to his concomitant use of garlic water ,, you will now:

- a- **allow pt to continue the same practice**
- b- order the pt to D/C garlic water
- c- instruct the pt to D/C diuretic & continue the garlic water



- d- tell the pt that he is ignored & unscientific to believe in garlic water
- e- refer the pt to psychiatrist to evaluate his mental state

😊 Special thanks to Dr. Monera Al-Khaldi

- 21- A male presented with headache , tinnitus & nausea , thinking he has brain tumor he just secured a job in a prestigious company he is thinks he might not meet it's standards ,, CNS exam NL , CT = NL what is the Dx.:
- a- Generalized anxiety
 - b- Panic attack
 - c- Hypochondriasis**
 - d- Conversion reaction
 - e- Anxiety

😊 Special thanks to Dr. Hana`a Bawazear

- 22- Anal fisher more than 10 days whish of following is true:
- a- Loss bowel motion
 - b- Conservative management (if it is acute. Is 10 days acute??)
 - c- Site of it at 12:00**
- 23- 56 years old complaining of PR bleeding O/E external hemorrhoid " management"
- a- Excsional
 - b- Send hem home & follow up
 - c- Observation for 6 months
 - d- Rigid sigmoidoscopy if normal excise it**
- 24- 12 months baby can do all except:
- a- Walk with support one hand
 - b- Can catch with pincer grasp
 - c- Can open drawing " درج "
 - d- Response to calling his name
 - e- Can play simple ball**



- 25- f
fracture of rib can cause all except:
- a- pneumothorax
 - b- hemothorax
 - c- esophageal injury**
 - d- liver injury

☺ Special thanks to Dr. Aida Al-Jabri

- 26- hyperprolactinemia ass. With all of the following except:
- a- pregnancy
 - b- acromegaly
 - c- OCP**
 - d- Hypothyroidism

- 27- after delivery start breast feeding :-
- a- as soon as possible**
 - b- 8 hrs
 - c- 24 hrs
 - d- 36 hrs
 - e- 48 hrs

- 28- 27 years old male with tonic clonic in ER , 20 mg diazepam was giving & convulsion did not stopped will given :-

- a- Diazepam till total dose of 40 mg**
- b- Phenytoin
- c- Phenobarbitone

Give diazepam tow times.
Then go to phenytoin. Then
go to phenobarbione

- 29- child pt's brought to ER with tonic clonic convulsion Hx or recurrent febrile convulsion ,, will give him to continues in his home with :

- a- diazepam**
- b- phenytoin
- c- phenobarbitone
- d- clonazepam



30- 6

60 years old male complain of decreased libido , decreased ejaculation , FBS= 6.5 mmol , increased prolactin , NL FSH , LH , do next step:

- a- Testosterone level
- b- DM
- c- NL FBG
- d- CT of the head**

31- osteoporosis with back pain:

- a- vit. D decreased
- b- R/O if the X ray is WNL**

😊 Special thanks to Dr.Najla

32- 27 years old man have asymmetric oligoarthritis involve Knee & elbow , painful oral ulcer for 10 years . he came with form of arthritis , mild abdominal pain ,, dx is:

- a- Bechjet diseased**
- b- SLE
- c- Regional enteritis
- d- Ulcerative colitise
- e- Wipples disease

😊 Special thanks to Dr. Amani

33- 5 month old baby presented in ER with sudden abdominal pain + vomiting , abdominal pain last fore 2-3 min with interval of 10 - 15 min in between:-

- a- Intussception**
- b- infantile colic
- c- appendicitis



34- 12 month old baby with:

Hb A1 58%

HbS 38%

HbA2 2%

HbF 5%

Dx is :-

- a- Thalasemia minor
- b- Thalasemia major
- c- Sickle cell trait**
- d- Sickle cell anemia
- e- Sickle cell thal.

-Sickle trait because HbS < 50%

-to be thal. HbA₂ MUST be more than 3.5%
(د.أسامة السلطان)

35- 42years old female presented with 6 month Hx of malaise , nausea & vomiting

lab Na = 127 , K = 4.9 , urea = 15 , creatinine = 135 , HCO₃ = 13 , glucose = 2.7 mmol

the most likely Dx:

- a- hypothyroidism
- b- pheochromocytoma
- c- hypovolemia due to vomiting
- d- SIADH
- e- Addison's disease**

36- 23 years old female presented with the finding of hyperbilirubinemia , O/E WNL ,, lab: T.bili = 3.1 , direct = 0.4

,, the most likely Dx:

- a- Gilbert's disease**
- b- Crigler najjar syndrome 1
- c- Duben Johnson syndrome
- d- Rotor's disease
- e- Sclerosing cholangitis

*Gilbert's disease: asymptomatic, discovered incidentally, no ttt required and slight increase bilir.

* Crigler najjar syndrome 1: this can't survive adult life. Only type II survive

* Duben Johnson syndrome & Rotor's disease: direct bilirubin (Q about indirect)

* Sclerosing cholangitis: 75% in men, pruritis & Dx by ERCP (MRCP)



- 37- 15 years old girl menarche was at age of 13 years old complaining of menstrual pain , not active sexually O/E pelvic U/S WNL , treatment is:-
- a- Laprostomy
 - b- Danazol
 - c- Cervical dilatation
 - d- NSAID**
- 38- 3 years old boy in routine exam for surgical procedure in auscultation discovered low pitch murmur continues in the Rt 2nd intercostals space radiate to the Rt sternal border increased by sitting & decreased by supine ,,, what you want to do after that ?
- a- Send him cardiologist**
 - b- Reassurance & tell him this is innocent murmur
 - c- Do ECG
- 39- 17 year old male while play football felt on his knee "tern over " what do think the injury happened
- a- medial meniscus lig,**
 - b- Lateral meniscus lig.
 - c- Medial collateral lig.
 - d- Lat. collateral lig.
 - e- Antr. Crussate lig.
- 40- a full term baby boy brought by his mother weighing 3.8 kg. developed jaundice at 2nd day of life .
. coomb's test -ve ,Hb : 18 ,billrubin : 18.9 & indirect: 18.4
O/E : baby was healthy and feeding well .. the most likely diagnosis is :
- a- physiological jaundice**
 - b- ABO incompatibility
 - c- breast milk jaundice
 - d- undiscovered neonatal sepsis



41- a 43 yrs. old female pt. presented to ER with H/O :
paralysis of both lower limbs and parasthesia in both upper
limbs since 2 hours ago .. she was seen lying on stretcher &
unable to move her lower limbs (neurologist was called but he
couldn't relate her clinical findings 2 any medical disease !!!
when history was taken , she was beaten by her husband
the most likely diagnosis is :

- a- complicated anxiety disorder
- b- somatization disorder
- c- conversion disorder**
- d- psychogenic paralysis
- e- hypochondriasis

42- the best treatment for the previous case is :

- a- benzodiazepines
- b- phenothiazine
- c- monoamine oxidase inhibitor
- d- selective serotonin reuptake inhibitor
- e- supportive psychotherapy**

☺ done by Dr. Khalid Shahat

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Collected & organized by Dr. Khalid Shahat

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ختاما نرجو من كل من استفاد من هذا الجهد الدعاء لنا بالتوفيق و
السداد في الدنيا و الآخرة

اقسم بالله على كل من **** أبصر جهدي حيثما أبصره
أن يدعو الرحمن لي مخلصا **** بالعفو و التوفيق و المغفرة

مع خالص أمنياتي للجميع بالتوفيق والسداد

13-march-2013

1. **Most common site of non-traumatic fracture in osteoporosis pt is:**
 - A. head of femur
 - B. neck of femur
 - C. vertebra
 - D. tibia

2. **Treatment of chlamydia with pregnancy :**
 - A. Erythromycin
 - B. Azithromycin
 - C. Doxycycline

3. **Right eye has redness, pain, & photophobia. The left eye has uveitis, ttt is :**

Cyclopentolate 1%

4. **old female with pubic itching with bloody discharge, then she developed pea shaped swelling in her labia, most likely:**
 - A. Bartholin cyst
 - B. Bartholin gland carcinoma
 - C. Bartholin abscess

5. **Earlier sign of puberty in male is:**
 - A. Appearance of pubic hair
 - B. Increase testicular size
 - C. Increase penis size
 - D. Increase prostate size

6. **The most common causes of precocious puberty:**
 - A. Idiopathic
 - B. Functional ovary cysts
 - C. Ovary tumor
 - D. Brain tumor
 - E. Adenoma

7. **best way to decrease infection in newnatal area**

washing hands before and after examination

8. 28 yrs old AOM he was treated with Amoxicillin, came after 3 wks for F/U there was fluid collection behind tympanic membrane ,no blood wt to do nxt:

A. watchful waiting

B. myringotomy

9. Man use sildenafil, to prevent hypotension you should not use :

A. Nitrate

B. B blocker

C. ACIE

D. CCB

10.lumbar puncture :

A. Between t12 and L1

B. L1 AND L2

C. L2 AND L3

D. L3 AND L4

E. L4 AND L5

11.A child was treated for otitis media with 3 different antibiotics for 6 weeks but without improvement. Which antibiotic is the best treatment?

A. Amoxicillin

B. Penicillin

C. Cepahlosporin (cefprofloxacin)

D. Amoxicillin and Clavulonic acid

E. Erythromycin and sulfamethoxazol

12.SAFE ANALGESIA DURING PREGANCY

PARACETAMOL

13.MOST COMMON CAUSE EPISTAXIS IN CHILDREN

A. HEMOPHILIA

B. Local trauma

13.BEST ANTIDEPRTION FOR IN ADULTHOOD:

FLOXICINE تاكدو

**14.10 YEARS old boy come with yellow sclera and kisses fischer ring
low level of cearuloplasmin the ttt is:**

Penicillamine

15.Best ttt for obsessive compulsive disorder:

Selectivly inhibit the reuptake of serotonin (5-hydroxytryptamine,5-HT)

16.Baby ingestion of unknown drug cause metabolic acidosis and anion gap 18 lab lablab:

A. Asprin

B. Paracetamole

17.Baby have trauma in his hand and his middle finger become hyper extend on ex pt can not flex the DIPJ what is affect:

A. Superficial flexor muscle

B. Flexor muscle proufundia

18.Pic and hx of lesion(palpaper) in hand abdomin all over the body itching:

Scapis

19.Pt acute pancreatitis with low ca + high glycose what is his nutrition :

A. Restrict diet low glycose high ca

B. TPN

C. Nasojejunal tube

20.Pt have stenosis at l4 and l5 what will feel:

Parthasis at inner thigh

21. Most common cause of subarachnoid hemorrhage

- A. Berry aneurysms
- B. Congenital arteriovenous malformation

22. Sign of brain dead or cerebellar

bilateral fixed dilated pupils, absent gag reflex

23. Pt with dm and 24 hour urine show 140 abuminurea

- A. Start ACEI
- B. refer to a nephrology clinic

24. Baby have Ferrous ingestion in high amount and come with abdominal pain diffuse serum ferritin is lap lap :

- A. Renal dialysis
- B. iv dexoframin (iron antidote)

25. Which is minor criteria of rheumatic fever:

Fever

26. Thin pt live in very crowded area xray show fibrous patch in upper rt lobe and there is cough and wheezing what to give to contact:

- A. BCG
- B. H inf vaccine
- C. Meningococcal

27. Old man come with hx of vomiting and lower abdominal pain there is mass in lower abdomen(hx of testicular cancer):

- A. Refer to surgeon
- B. Refer to urology

28. What is come with ovarian cyst not with ascites:

- A. dull anterior and resonant laterally

B. resonant ant dull laterally

C. Anteriorly dullness and lateraly tympani

29.pt look ill and have epigastric pain and anemia:

A. start omeprazole

B. endoscopy

30.pt with diverticulitis :

A. CT (best)

B. sigmoidoscopy

C. colonoscopy(contraindicated in acute phase due to risk of perforation)

31.hx of pt have high growth hormone what will increase also:

A. ACTH

B. Anterior pituitary gland hormone

32.Baby ingestion unknown chemical come with drawing :drink 2cup of milk

Upper endoscopy

1-female pt come to er with her 3 mnth baby , complaining that there is a snake over her baby evry night , and her huspand dont belive this evry time she is telling him ,,,

- 1- postpartum psycosis
- 2- hallucinations(my answ)
- 3- dellusions
- 4- anxiety

2-young male present with lt side brest enlargment , with pain on examination , what is plan

- 1-excision biopsy
- 2-pharmacological treatment
- 3- observation (my answ)

3-female pt with acne , herutism , increase wight , amneoriha dx

- 1 kallamns syndrom
- 2 kelrfits syndrom
- 3 stein- leventhal syndrom (other name for pcos) (my answ)

4-female with yellow grenish vaginal discharge mycroscopy ,shows , polynucleated lucosytes wht the organism

- 1 chlamidia (my answer)
- 2-trichomonous
- 3- niseria
- 4 gradnella

5-1 weak baby with 4 hour anuria , 180 hr ,bp 74 , lethargic , and tachypnic

- 1 septic shock(my answ)
- 2-renal faluir
- others dont remember

6-pic of lower limb with flat top purple rash , pt vitals r stable wht is dx (dontknow answ)

7-CT - Abd - showing dark spots with diffrent sizes in the RT lobe of the lever , for pt with abd dicomfort over rith hypocondrium , esenophilia in blood no other remarkble examnitoin

- 1- amebic absses (my answ)
- 2-hydate deses
- 3- tumer

8-young pt with weak vison .his glasis - 8.0 on examn , degenrated vitrios , and somthing about retina (cant remeber)

- 1- pathological myopia (my answ)
- 2- physiological myopia
- 3- somthing else dont rember

9-qestion about dermatologic change in AIDS one is not happenig with it (dont remeber chioses but my answ was dermatits herpformis)

10-qestion about old age person with pacemaker have sleep apnea , was on cpap treatment but shows no improvment what next

- 1- phryngeal surgery(my answ)
- 2- nasal surgery
- 3- others cant remeber

11-table with five columns , each colomn named from a-e witht many option bundles for couses of hyper

urecimia chose the right column (my answ , is the column with thiazed , colmn A)

12- ecg for trusade de pointes what is the manengent :

- 1-adenosin
- 2-magnesium(my answ)
- 3-adrnalin
- 4- atropin

13- pt dx with malaria p. vivax on 300 mg chloroqiun what is the intial dose to start

- 1-300mg then 300mg after 6hrs (my answ)
- 2-600mg then 300mg after 6 hrs
- 3- 300 then 600

14- test for downs syndrom for 42 yrs pregnat ,,

- 1- amniocentesis(my answ)
- 2-triple test
- 3-cordocentasis

15- old age pt in surgical word post surgery since 2 days develope SOB , frothy sputum with blood streaks , no lower limb swelling or varicosis wht drug can be given to prevent this complication :

- 1- anticoagulants(my answ)
- 2-antibiotics
- 3-diuretics

16- old age pt with SOB and frothy sputum with blood streaks , on examin , load 2nd heart sound (polmnry HTN),ECG atrial fib ,pt is case of rheomatic heart desease what is the couse of this clinacal pic :

- 1- congestive H F
- 2- mitral stenosis (my answ)
- 3- myocrdial infarct

17- how to treat pt with eating disorder

- 1- personal psycotherapy (my answ)
- 2-cognetive behavioral therapy

Sle Exam on 10-1-2013 :

Sara alnour

1. Patient use illegal drug abuse and the blood show RNA virus. Which hepatitis

- a. A
- b. B
- c. C
- d. E

2. Entamoeba histolytica cysts are destroyed best by:

- a. Boiling
- b. Iodine added to water
- c. Chlorine added to water
- d. Freezing

3. A case scenario about a patient who has on and off episodes of abdominal pain and was found to have multiple gallstones more than 5 on image, the largest is 3-5 cm and they are not blocking the duct, What will you do:

- a. Give pain killers medication
- b. cholecystectomy
- c. cholecystotomy
- d.....

4. one of drug increase heart burn:

- a. thiopelline
- b. albutarol
- c.....
- d.....

5. case diagnosis herpes zoster ophthalmicus

6. young pt had acne mild to moderate numbers ,some had pus ,others deep to skin with open head and last closed " description like this", which type had pt :

- a. obstructive
- b. infectious
- c. inflammatory
- d.....

7.long scenario about pt had hypopigmented areas with peripheral neuropathy , thick nerve ,and other symptoms diagnosis " leprosy":

- a.tubercloid
- b. borderline T L
- c. borderline L L
- d. lepromatous

8. long scenario about vaginal discharge "white cheesy "Dx :
candidiasis

9.case of meniere's syndrome

10. child had Rh fever treated successfully without heart disease ,
prophylaxis must be taken for :

- a.3 yrs
- b. 5 yrs
- c. 10 yrs
- d. 15 yrs

11. long scenario about pt hearing sound Dx:

Auditory hallucination

12. pediatric case of croup.

13. women case of polycystic ovaries Dx :

Steavin-lein syndrome (one of choices)

14. 38 yrs old women , P3 had D&C in 2nd pregnancy due to retained placenta came with irregular bleeding for 8 months ago , (others signs in vagina), his investigation show high TSH ,LH ,low estrogen , Dx :

Ovarian failure

15. old pt with HTN ,diabetes came with history of SOB & pleurisy pain , sweating ,diagnosed as small pulmonary embolism in spiral CT scan , you will give to lyse this thrombus :

- a. Heparin
- b. warfarin
- c. aspirin
- d. sterptolysin

16. drug contraindicated in chronic liver disease :

I don't remember the choices

17. case of mastitis in lactating women " long senario " :

- a. staph aurous
- b. B heamolytic streptococcus

18. pregnant women in 8 wks ,past history of DVT , you will :

- a. give heprin immediately
- b. give wafarin and stop heparin
- c. give heparin and stop wafarin
- d. observation until DVT occur .

19. Pic of child with impetigo

20. infant of 7 months old had 2-3 cm in abdomen , which appear when he was 2 month , red pea shape (may be growing slowly),not contributing with family ,investigation : this Q with pic

- a. shave biopsy
- b. excision (may be wide)?
- c..... d.....

21. old pt man came with left foot pain , he had HTN & diabetes , past history of DVT , on examination left foot pale ,....., with tender calf , Dx :

- a.ischeamia
- b. phelpothoromsis
- c. cellulitis
- d.

22. 60 yrs old man newly onset of diabetes one year ago , he can't tolerate metforme and sulfonylurea , alternative treatment :

- a. insulin
- b. bigunides
- c. gipi.....?
- d.

23. 27 yrs female C/O low grade fever night sweating for more

Than 1 month , PPD –ve , chest x-ray clear just left hilar adenopathy , on examination she had (left or right) supraclavicular LN enlargement about 3 cm , lab investigation show, Dx :

I don't remember but I think one of choices was lymphoma

24. long case DX : infectious mononucleosis (EBV)

25. depressed pt on medication you tell him :

You must continue medication even if you feel better "correct"

26. treatment of vaginal warts :

Choices not remember

27. long case of child with sore throat ,rigid neck , " I think meningococcus " prophylaxis :

Rifampicin

28. 27 yrs old female C/O Rt iliac fossa pain, she had hysterectomy 5 years ago due to DUB ,but she still had ovaries and fallopian tube , on examination there was tender in deep palpation with rebound tenderness ,in Rt iliac fossa , PV exam show tender area in Rt Douglas pouch , in lab investigation there was high WBCs mainly neutrophils , Dx :

a. treated as rupture ovarian cyst

b. refer to surgery (appendicitis)

c..... d.....

29. best exercise for IHD :

a. Yoga

b. isotonic

c. isometric

d.....

30. case diabetic C/O loss of vision (not sure is sudden or progressive) , signs that appear on lamp examthat obstruct the aqueous (I think acute congestive glaucoma) , treatment :

Topical pilocarpine and oral acetazolamide .

31. obese child >90% centile what will advise his parents :

Life style modifications

32. case diagnose as addison's disease came in crisis , treatment :

a. 1 liter of NS taken in, of hydrocortisone I/V

b. 1liter of NS, 100 mg bolus of hydrocortisone

c..... d.....

34. newborn whose mother is +ve HBV , you will :

a. vaccination

b. immunoglobulin & 3 doses of vaccination

c..... d.....

35. pregnant woman in 2nd trimester diagnosed with IDA , C/O fatigue & palpitation labs show iron, TIBC, ferritin, Dx :

a.IDA

b. hypothyroidism

c..... d.....

THANKS

SLE EXAM SEPTEMBER 2005

هذه حلول اجتهدت فيها بالرجوع للكتب، والسؤال، وبعضها مما أتذكره. لذلك لا أضمن عدم وجود أخطاء و ووضعت بعض الشروح والإضافات
أسأل الله أن ينفعكم بها.

أخوكم/ محمد جمال حولدار 1427/8/26

- For health education programs to be successful all are true except :

- a- human behavior must be well understood
- b- Information should be from cultural background
- c- Doctors are only the health educators**
- d- Methods include pictures and videos (mass media)
- e- Involve society members at early stage

- a 29 yrs. Old female has a breast lump in the upper outer quadrant of the left breast , firm , 2 cm. in size but no L.N involvement ... what is the most likely diagnosis ?

a- fibroadenoma

- What is the management for the above patient?

- a- mammogram (true if patient > 35 years)
- b- excisional biopsy
- c- FNA**
- d- breast US
- e- follow up in 6 months



- a 27 yrs. old female C/O abdominal pain initially periumbilical then moved to Rt. Lower quadrant ... she was C/O anorexia, nausea and vomiting as well ..

O/E : temp.38c , cough , tenderness in Rt lower quadrant but no rebound tenderness.

Investigations : slight elevation of WBC's otherwise insignificant ..

The best way of management is:

- a- go to home and come after 24 hours
- b- admission and observation**
- c- further lab investigations
- d- start wide spectrum antibiotic
- e- paracetamol

- what is the most likely diagnosis for the above patient ?

- a- mesenteric lymph adenitis
- b- acute appendicitis**
- c- peptic ulcer

- a 24 yrs old pt. came for check up after a promiscuous relation 1 month ago .. he was clinically unremarkable, VDRL : 1/128 ... he was allergic 2 penicillin other line of management is :

- a- ampicillin
- b- amoxicillin
- c- trimethoprim
- d- doxycyclin**



- a 24 years old female pt. C/O : gray - greenish discharge , itching .. microscopic examination of discharge showed : flagellated organism ... most likely diagnosis is :

a- trichomoniasis (trichomonas vaginalis)

- a 43 yrs. old female pt. presented to ER with H/O : paralysis of both lower limbs and parasthesia in both upper limbs since 2 hours ago .. she was seen lying on stretcher & unable to move her lower limbs (neurologist was called but he couldn't relate her clinical findings to any medical disease !!!) when history was taken , she was beaten by her husband ... the most likely diagnosis is :

a- complicated anxiety disorder

b- somatization disorder

c- conversion disorder

d- psychogenic paralysis

e- hypochondriasis

- the best treatment for the previous case is :

a- benzodiazepines

b- phenothiazine

c- monoamine oxidase inhibitor

d- selective serotonin reuptake inhibitor

e- supportive psychotherapy

- a 58 yrs. old male pt. came with HX of fever, cough with purulent foul smelling sputum and CXR showed : fluid filled cavity ... the most likely diagnosis is :

a- abscess

b- TB

c- bronchiectasis



- a 28 yrs. old lady , C/O: chest pain, breathlessness and feeling that she'll die soon .. O/E : just slight tachycardia .. otherwise unremarkable .. the most likely diagnosis is:

a- panic disorder

- a patient (known case of DM) presented to u with diabetic foot (infection) the antibiotic combination is :

a- ciprofloxacin & metronedazole

- a young pregnant lady (Primigravida) , 32 weeks of gestation came to you C/O : lower limbs swelling for two weeks duration .. she went to another hospital and she was prescribed (thiazide & loop diuretic) .. O/E : BP : 120/70 , mild edema , urine dipstick : -ve and otherwise normal.... The best action is :

a- continue thiazide & stop loop diuretic

b- cont. loop diuretic & stop thiazide

c- stop both

d- continue both and add potassium sparing diuretic

e- cont. both & add potassium supplement

- a 17 yrs. old football player gave HX of Lt. knee giving off .. the most likely diagnosis is :

a- Lat. Menisceleal injury

b- medial menisceleal injury

c- lateral collateral ligament

d- medial collateral ligament

e ant. Curciate ligament



- a 10 yrs. old boy presented to clinic with 3 weeks HX of limping that worsen in the morning .. this suggests which of the following :

- a- septic arthritis
- b-leg calve parthes disease
- c- RA**
- d- a tumor
- e- slipped capital femoral epiphysis

- a full term baby boy brought by his mother weighing 3.8 kg. developed jaundice at 2nd day of life .. coomb's test -ve ,Hb : 18 ,billrubin : 18.9 & indirect : 18.4
O/E : baby was healthy and feeding well .. the most likely diagnosis is :

- a- physiological jaundice**
- b- ABO incompatibility
- c- breast milk jaundice
- d- undiscovered neonatal sepsis

- a 62 yrs. old female pt. a known case of osteoporosis & on 1 alpha + Ca supplement .. her lab works shows normal level of PO4, Ca & ALP ... her X-ray shows osteopenia with SD = -3.5 The best action is to :

- a- continue on same medications
- b- start estrogen
- c- start estrogen & progesterone**
- d-add alevdonate (bisthmus phosphate)



- a 38 yrs old female ... came to you at your office and her pap smear report was unsatisfactory for evaluation .. the best action is :

- a- consider it normal & D/C the pt.
- b- Repeat it immediately**
- c- Repeat it as soon as possible
- d- Repeat it after 6 months if considered low risk
- e- Repeat it after 1 year if no risk

- a 17 yrs. old school boy was playing foot ball and he was kicked in his Rt. eye .. few hours later he started to complain of : double vision & echymoses around the eye .. the most likely Dx. Is :

- a- cellulites
- b- orbital bone fracture**
- c- global eye ball rupture
- e- subconjunctival hemorrhage

- a 35 yrs old female pt. C/O : acute inflammation and pain in her Lt. eye since 2 days .. she gave Hx of visual blurring and use of contact lens as well ... O/E : fluorescence stain shows dendritic ulcer at the center of the cornea .. the most likely diagnosis is :

- a- corneal abrasion
- b- herpetic central ulcer**
- c- central lens stress ulcer
- d- acute episcleritis
- e- acute angle closure glaucoma

- a 65 yrs old lady came to your clinic with Hx of 5 days insomnia and crying (since her husband died) the best Tx. For her is :

- a- lorazepam
- b- floxitein
- c- chlorpromazine
- d- haloperidol

- a 25 yrs old Saudi man presented with Hx of mild icterus , otherwise ok .. hepatitis screen : HBsAg +ve , HBeAg +ve , anti HBc Ag +ve (this should be core anti body, because core antigen doesn't leave hepatocyte to the blood "prof. Yasawi") , the diagnosis :

- a- acute hepatitis B
- b- convalescent stage of hep. B
- c- recovery with seroconversion Hep . B
- d- Hep B carrier
- e- chronic active Hep. B

- 25 yrs. old man presented to ur clinic with one month HX of aching pain in the elbow , radiates down to the lateral forearm ..the pt. frequently plays squash ... O/E: Pain increases with dorsiflexion of the wrist performed under resistance specially with elbow extended ... the most likely diagnosis :

- a- olecranon stress fracture
- b- olecranon bursitis
- c- lateral tennis elbow
- e- radial tunnel syndrome
- e- ligament sprain



☺ Special thanks to Dr.Fahad Abdul Jabbar & his colleague in King Abdul Aziz University

- **8 wk Primigravida came to you with nausea & vomiting choose the statement that guide you to hyperemmesis gravidarm :**
 - a- ketonia
 - b- ECG evidence of hypokalemia
 - c- Metabolic acidosis
 - d- Elevated liver enzyme
 - e- Jaundice

☺ Special thanks to Dr. Khalid Al-Qurashi KFU

- **Injury of the hand leads to median nerve injury:**
 - a- claw hand
 - b- wrist drop
 - c- sensory defect only

لا يوجد إجابة صحيحة

- **60 year old male was refer to you after stabilization investigation show**
Hgb 8,5 g/l , hect. 64% , RBC 7.8 , WBC 15.3 & Plt. 570 Diagnosis :
 - a- iron def. Anemia
 - b- Hgb pathy
 - c- CLL
 - d- 2ry polycythemia
 - e- Polycythemia rubra Vera

- **Pregnant women G4P3+1 on GA 10 wk came to you with IUCD inserted & the string is out from O.S what is the most important measure :**
 - a- leave the IUCD & give A.B
 - b- leave the IUCD & send to Ob/ Gynaecologist to remove
 - c- leave the IUCD
 - d- do laparoscopy to see if there is ectopic preg.
 - e- Reassurance the pt



☺ done by Dr. Khalid Shahat KFU

- **17 year old male while play football felt on his knee "tern over " what do think the injury happened**

- a- **medial meniscus lig,**
- b- Lateral meniscus lig.
- c- Medial collateral lig.
- d- Lat. collateral lig.
- e- Antr. Crussate lig.

☺ Special thanks to Dr. Rizg Al-amri KFU

- **For health education programme to be effective all true except :**

-

- a- Human behaviour should be well understood.
- b- Procedures used include illustration & picture.
- c- **Doctors should be the only educator.**
- d- Community member should be involved in early stage.
- e-

☺ Special thanks to Dr. Abdulmonem Al-hussain

- **Placenta previa excludes :**
 - a- Pain less vaginal bleeding
 - b- **Tone increased of uterus**
 - c- Lower segmental abnormality
 - d- Early 3rd trimester

- **Pregnancy test +ve after :**

- a- one day post coital
- b- **10 day after loss menstrual cycle ??**
- c- One wk after loss menstrual cycle



☺ Special thanks to Dr. Soud Al-Shalowi KFU

- **45 year old female complaining of itching in genitalia for certain period, a febrile, -ve PMH, living happily with here husband since 20 year ago on examination no abdominal tenderness , erythema on lower vagina , mild Gray discharge no hx of UTI . pyleonephritis**
Most probable diagnosis:

- a- **Vaginitis**
- b- Cystitis
- c- CA of vagina
- d- Urithritis (non gonococal)

☺ Special thanks to Dr. Faisl Battwil KFU

- **20 year lady come to ER with Hx of Rt sever lower abdominal pain with Hx of amenorrhea for about 6 wk the most serious diagnosis of your deff. Diagnosis could reach by:**

- a- CBC
- b- ESR
- c- **U/S of the pelvis**
- d- Plain X-ray
- e- Vaginal swab for C/S

☺ Special thanks to Dr. Ali Al-Khathami

- **Pt had arthritis in tow large joint & pansystolic murmur (carditis)**
Hx of URTI the most important next step:

- a- ESR

- b- ASO titre
- c- Blood culture

أتذكر من أحد المحاضرات أن أغلب الناس تعرض للإصابة بالتهاب في البلعوم وعالجها بالمضادات الحيوية وبالتالي موجود عنده أجسام مضادة ASO، لذلك ما يمكن يعتمد عليها في التشخيص. بعكس مزرعة الدم والتي تدل على وجود الالتهاب الآن.

- 35 years prime 16 wk gestation PMH coming for her 1st cheek up she is excited about her pregnancy no hx of any previous disease.
Her B/P after since rest 160/100 after one wk her B/P is 154/96

Most likely diagnosis :

- a- Pre eclampsia (لازم بعد 20 أسبوع من الحمل)
- b- Chronic HTN
- c- Lable HTN
- d- Chronic HPT with superimposed pre eclampsia
- e- Transit HPT??

☺ Special thanks to Dr. Hamza Qtrangy

- women complain of non fluctuated tender cyst for the vulva .
came pain in coitus & walking , diagnosed Bartholin cyst .
what is the ttt:

- a- incision & drainage
- b- refer to the surgery to excision (after you reassure her)
- c- reassurance the pt
- d- give AB

☺ Special thanks to Dr. Naif Al-Qahtani

- 42years old male presented with history of sudden appearance of rash - maculopapular rash - including the sole,& the palm, the most likely diagnosis is :

- a- syphilis



- b- erythema nodosum
- c- erythema marginatum
- d- pityriasis rocae
- e- **drug induced**

☺ Special thanks to Dr.Mai

- A mother calls you about her 8 years old son , known case of DM-1 fell comatose . she is not sure if he took the night 7 morning dose of insulin. You will advice her to :

- a- **bring the child immediately to the ER**
- b- call an ambulance
- c- give him IV glucagons
- d- give him IV insulin
- e- give him drink contains sugar

(of course IV glucagons is first then ER, but Q doesn't indicate that the mother can do it!!)

☺ Special thanks to Dr. Reem

- years old lady on, feels dizzy on standing, resolves after 10-15 minutes on sitting, decrease on standing, most likely she is having :

- a- **orthostatic hypotension**
- b-

☺ Special thanks to Dr.Fatima

- what is the most appropriate treatment for the above patient :

- a- antiemetic
- b- antihistamine
- c- **change the antidepressant to SSRI**
- d- thiazide diuretics
- e- audiometry



☺ Special thanks to Dr.Nada

- 23 years old lady with one month history of nasal discharge & nasal obstruction, she complained of pain on the face, throbbing in nature , referred to the supraorbital area, worsen by head movement, walking,& stopping. On - - - - - examination , tender antrum with failure of transillumination (not clear), the most likely the diagnosis is:

- a- frontal sinusitis (we can NOT transilluminate it)
- b- maxillary sinusitis**
- c- dental abscess
- d- chronic atrophic rhinitis
- e- chronic sinusitis

☺ Special thanks to Dr.Dua'a

=====

Collected & organized by Dr. Khalid Shahat
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ختاما نرجو من كل من استفاد من هذا الجهد الدعاء لنا بالتوفيق و
السداد في الدنيا و الآخرة

اقسم بالله على كل من **** أبصر جهدي حيثما أبصره
أن يدعو الرحمن لي مخلصا **** بالعفو و التوفيق و المغفرة

مع خالص أمنياتي للجميع بالتوفيق والسداد



SLE September 2006

1. Management of choice for breech pregnancy presented at 34 weeks:
 - a) External Cephalic Version (ECV)
 - b) Caesarean section
 - c) ECV + tocolytics
 - d) Induction of labor
 - e) Observe for 2 weeks.
2. Not correct during management of labor:
 - a) Intensity of uterine contraction can be monitored manually
 - b) Maternal vital signs can vary relative to uterine contraction
 - c) Food and oral fluids should be withheld (يوقف) during active labor
 - d) Advisable to administer enema upon admission
 - e) I.V fluid should be administered upon admission
3. 33-year-old woman para 5 underwent repeated elective C-section. On 6th day post op. patient reported her clothes stained by copious serosanguinous drainage from abdominal wound. Most likely diagnosis is:
 - a) Vesicocutaneous fistula
 - b) Enterocutaneous fistula
 - c) Hematoma
 - d) Stitch abscess
 - e) Wound dehiscence
4. Average length of menstrual cycle is:
 - a) 22 days
 - b) 25 days
 - c) 28 days
 - d) 35 days
 - e) 38 days
5. 32-year-old-woman has malodorous discharge and itching. Her partner has also slight discharge. PV examination showed strawberry spots on the cervix. Most appropriate treatment is:
 - a) Metronidazole
 - b) Estrogen cream
 - c) Progesterone cream
 - d) Vinegar douche
 - e) Salphonamide cream
6. (long unnecessary details about) 70-year-old man fell (سقط) on outstretched hand. On examination intact both radial and ulnar pulses, dinner fork deformity. Tender radial head. Diagnosis is:
 - a) Colle's fracture
 - b) fracture of distal ulna & displacement of radial head.
 - c) Fracture of scaphoid?
 - d) Fracture of shaft of radius with displacement of head of ulna.



7. 12-year-old girl with malaise, fatigue, sore throat and fever. On examination: petechial rash on palate, large tonsils with follicles, cervical lymphadenopathy and hepatosplenomegaly. All are complications EXCEPT:
- Aplastic anemia
 - Encephalitis
 - Transverse myelitis
 - Splenic rupture
 - Chronic active hepatitis
8. 6-month-old baby presented to clinic with 2-days history of gastroenteritis. On examination: decreased skin turgor, depressed anterior fontanel and sunken eyes. Best estimate of degree of dehydration:
- 3%
 - 5%
 - 10%
 - 15%
 - 25%
9. Total duration of treatment for group A streptococcal infection:
- 3 days
 - 5 days
 - 7 days
 - 10 days
 - 14 days
10. 8-month-old came with dehydration, fever, depressed anterior fontanel, vomiting, crying but no neck stiffness. No similar symptoms in her sisters. What is important investigation you want to do?:
- Blood culture
 - CBC and differential
 - CSF examination
 - Chest x-ray
11. Female patient developed lesions on the cheek and nose and diagnosed as rosacea. Treatment is:
- Amoxicillin
 - Tetracycline (according to Rona Mackie textbook)
12. (story of) patient presented to ER with low blood pressure, distended jugular veins, muffled heart sounds, bruises over the sternal area....etc. diagnosis is:
- Cardiac tamponade (remember Beck's triad in cardiac tamponade: hypotension, increased JVP and muffled heart sounds)
13. Pregnant woman, U/S showed anterior lateral placenta. Examiner finger can not reach placenta. This placenta is:
- Low lying
 - Marginal placenta previa
 - Partial placenta previa
 - Lateral placenta previa



14. Pregnant teacher at (16 or 20 weeks of gestation) reported 2 of her students developed meningitis. Prophylactic treatment:

- a) Observe for signs of meningitis
- b) meningitis polysaccharide vaccine.
- c) Ceftriaxone (I don't remember the dose and duration)
- d) Cefuroxime (I don't remember the dose and duration)
- e) rifampicin 600 mg BID for 2 days.

15. Mother brought her infant 18 month to ER with a history of URTI for the last 2 days with mild respiratory distress this evening the infant started to have hard barking cough with respiratory distress on examination RR 40/min , associated with nasal flaring suprasternal retraction and intercostal retraction. What is the most likely diagnosis:

- a) viral pneumonia
- b) bacterial pneumonia
- c) bronchiolitis
- d) acute epiglottitis
- e) trachobronchiolitis

سؤال 15 كتب بواسطة د. ياسر القرني

16. A women came to antenatal clinic at 8 weeks gestation Diagnosed as a case of Cervical incompetence, which of the following is the appropriate management :

- a) insert a suture in the same week
- b) insert a suture at 14 to 16 weeks gestation
- c) confirm the Diagnosis By inserting Hegar s dilator
- d) admit the patient throughout the pregnancy time in the hospital for observation.
- e) give beta-mimetic agent (Ritodrine)

سؤال 16 كتب بواسطة د. مسفر الغامدي

17. A 45 year-old-man came to the ER with sudden headache, blurred vision, excruciating eye pain, frequent vomiting. The most likely diagnosis:

- a) Acute conjunctivitis
- b) Acute iritis
- c) Acute glaucoma
- d) Episcleritis
- e) Corneal ulceration

سؤال 17 كتب بواسطة د. ماجد الجطيلي

18. Patient presented to ER with dyspnea, right-sided chest pain, engorged neck veins and weak heart sounds. Stethoscope over right lung showed no air entry. Plan of treatment for this patient:

- a) I.V fluid, pain killer, O2
- b) aspiration of pericardium
- c) respiratory stimulus
- d) intubaion
- e) immediate needle aspiration, chest tube

سؤال 18 كتب بواسطة د. محمد الصيعري



19. Which of the following physical findings in boys is the earliest indication that puberty has begun:
- Increasing prostate size
 - Appearance of the upper lip hair
 - Increasing penis size
 - Increasing testicular size
 - appearance of pubic hair
20. A 48-hour-old newborn infant is in critical care unit with respiratory distress and jaundice. Hemoglobin is 9 gram/dl, and reticulocyte is 4%. Maternal history of previous normal-term-pregnancy without transfusion. Blood types shows heterospecificity type between mother and child. Indirect Coomb's test positive. The MOST probable diagnosis is:
- Thalassemia
 - Maternal - Fetal blood group incompatibility
 - Sickle cell
 - Septicemia
 - Hereditary red cell enzymatic defect
21. Perinatal mortality:
- Includes all stillbirths after the 20th week of pregnancy
 - Includes all neonatal deaths in the 1st 8 weeks of life
 - Includes all stillbirths and first week neonatal deaths
 - Specifically neonatal deaths
 - Is usually as death per 10,000 live births
22. An 18 months old baby brought by his mother, she complains that her child says only mama & baba. Otherwise the baby is completely normal. First step to evaluate this patient is:
- physical examination
 - Chromosomal analysis
 - Hearing evaluation
 - Developmental testing
 - CT scan of the head
- (I am not sure if there was reassurance or not)
23. A full-term infant brought by his mother to your office weighing 3800 grams developed jaundice on the 2nd day of life. The infant appears healthy and breast-feeding well. The infant's hemoglobin is 180 g/L. The direct and indirect Coomb's tests are negative. The infant's total bilirubin is 189 umol/L (11 mg/dl) and the indirect bilirubin is 184 umol/L. The MOST likely diagnosis in this infant is:
- Undiagnosed neonatal sepsis
 - Breast milk jaundice
 - Physiological jaundice
 - Jaundice due to a minor antigen blood group incompatibility
 - ABO blood group incompatibility



24. A 5-day-old baby vomited dark red blood twice over the past 4 hours. He is active and feeding well by breast. The MOST likely cause is:
- a) Esophagitis
 - b) Esophageal varices
 - c) Gastritis
 - d) Duodenal ulcer
 - e) Cracked maternal nipples
25. A 5-year-old patient was seen at ER with history of fever and sore throat. Which of the following findings will suggest a viral etiology for his complaint?
- a) Presence of a thin membrane over the tonsils
 - b) A palpable tender cervical lymph node
 - c) Petechial rash at hard or soft palate
 - d) Absence of cough
 - e) Rhinorrhea of clear colorless secretions
26. An 80-year-old woman presented to your office with a 6-month history of stiffness in her hands bilaterally. This stiffness is worse in the morning and quickly subsides as the patient begins her daily activities. She has no other significant medical problems. On examination, the patient has bony swelling at the margins of the distal interphalangeal joints on the second to the fifth digits on both hands. No other abnormalities are found on physical examination. These swellings represent:
- a) Heberden's nodes
 - b) Bouchard's nodes
 - c) Synovial thickenings
 - d) Subcutaneous nodules
 - e) Sesamoids
27. Which of the following radiological features is a characteristic of miliary tuberculosis:
- a) Sparing of the lung apices
 - b) Pleural effusion
 - c) Septal lines
 - d) Absence of glandular enlargement
 - e) Presence of small cavity
28. A 70-year-old woman presented with a 3-day history of perforated duodenal ulcer...She was febrile, semi comatose and dehydrated on admission. The BEST treatment is:
- a) Transfuse with blood, re-hydrate and perform vagotomy and drainage urgently
 - b) Insert a nasogastric tube and connect to suction, hydrate the patient, give systemic antibiotics and observe
 - c) Insert a nasogastric tube and connect to suction, hydrate the patient, give systemic antibiotics and perform plication of the perforation
 - d) Hydrate the patient, give blood, give systemic antibiotics and perform hemigastrectomy
 - e) None of the above



29. The following are complications of laparoscopic cholecystectomy EXCEPT:

- a) Bile leak
- b) Persistent pneumoperitoneum
- c) Shoulder tip pain
- d) Ascites
- e) Supraumbilical incisional hernia

30. Fissure-in-ano MOST commonly occurs:

- a) Posteriorly
- b) Anteriorly
- c) Laterally
- d) In men
- e) In cases of diarrhea

31. A 20-year-old man involved in Road Traffic Accident (RTA) brought to ER by friends. On examination, found to be conscious but drowsy. HR 120/min, BP 80/40. The MOST urgent initial management measure is:

- a) CT scan of brain
- b) X-ray of cervical spine
- c) Rapid infusion of crystalloid
- d) ECG to exclude haemopericardium
- e) U.S Abdomen

32. A 30-year-old man presents with shortness of breath after a blunt injury to his chest, RR 30/min, CXR showed complete collapse of the Lt lung with pneumothorax. Mediastinum was shifted to the Rt. The treatment of choice is:

- a) Chest tube insertion
- b) Chest aspiration only
- c) Thoracotomy and pleurectomy
- d) IV fluids and O₂ by mask
- e) Intubation

33. A cervical lymph node is found to be replaced with well-differentiated thyroid tissue. At operation there are no palpable lesions in the thyroid gland, The operation of choice is:

- a) Total thyroidectomy and modified dissection
- b) Total thyroidectomy and radical neck dissection
- c) Total thyroidectomy
- d) Thyroid lobectomy and removal of all local lymph nodes
- e) Thyroid lobectomy and isthmushectomy and removal of all local enlarged lymph nodes

34. One of the following combination of drugs should be avoided:

- a) Cephaloridine and paracetamol
- b) Penicillin and probenecid
- c) Digoxin and levadopa
- d) Sulphamethoxazole and trimethoprim
- e) Tetracycline and aluminum hydroxide



35. A 40-year-old man presented to emergency department with 6 hour history of severe epigastric pain radiating to the back like a 'band' associated with nausea. No vomiting or diarrhea. No fever. On examination: He was in severe pain with epigastric tenderness. ECG was normal, serum amylase was 900 u/l, AST and ALT are elevated to double normal. Which of the following is the LEAST likely precipitating factor for this patient's condition?
- Hypercalcemia
 - Chronic active hepatitis
 - Chronic alcohol ingestion
 - Hyperlipidemia
 - Cholelithiasis
36. Cellulitis occurring about the face in young children (6 to 24 months) and associated with fever and a purple skin discoloration is MOST often caused by:
- Group A beta-hemolytic streptococci
 - Haemophilus influenza type B
 - Streptococcus pneumoniae
 - Staphylococcus aureus
 - Pseudomonas
37. Which one of the following diseases is NOT transmitted by mosquitoes?
- Rift valley fever
 - Yellow fever
 - Relapsing fever
 - Filariasis
 - Dengue fever
38. A non-opaque renal pelvis filling defect is seen on IVP. Ultrasound reveals dense echoes and acoustic shadowing. The MOST likely diagnosis is:
- Blood clot
 - Tumor
 - Sloughed renal papilla
 - Uric acid stone
 - Crossing vessel
39. In a conscious multiple trauma patient, your priorities are:
- To stop bleeding, then IV fluids
 - To secure air entry, breathing, then BP
 - To start an IV fluid and send blood for cross matching
 - To intubate the patient
 - To do peritoneal lavage, then IV fluids
40. Delusion:
- Perception of sensation in absence of external stimulus.
 - misinterpretation of stimulus
 - False belief not in accordance of person's culture.
 - Manifestation of.....
 - Unconscious inhibition of.....



41. A 20 years old patient had deep laceration in his right wrist. which of the following is the result from this injury:

- a) wrist drop.
- b) claw hand.
- c) sensory loss only.
- d) inability of thumb opponens to other fingers.
- e) inability of flexion of the interphalangeal joint.

42. Before any instrumental delivery we should rule out :

- a) cord prolapse
- b) cephalopelvic disproportion
- c) face presentation
- d) placental abruption

43. 75 years old man came to emergency room complaining of acute urine retention. what will be your initial management:

- a) Send patient immediately to OR for prostatectomy
- b) empty urinary bladder by Folley's catheter and tell him to come back to the clinic
- c) give him antibiotics because retention could be from some sort of infection
- d) insert Folley's catheter and tell him to come to clinic later
- e) Admission, investigation which include cystoscopy then.....

Q 42 & 43 written by Dr.Zaimos

44. coarctation of aorta is commonly associated with which of the following syndromes?

- a) Down
- b) Tturner
- c) Ppataue
- d) Edward
- e) Holt-Orain

45. A ... years old child with tonsillitis & follicle & membrane over the tonsils with fever. The fever reduced after 2 days of penicillin. For how many days are you going to keep this patient on penicillin?

- a) 3 days
- b) 5 days
- c) 7 days
- d) 10 days
- e) 14 days



46. A patient came to you & you found his BP 160/100 ? he is not on any medication yet. His lab investigations showed:

Urea: normal.

Creatinine: normal.

Na 145 (135-145)

K 3.2 (3.5-5.1)

HCO₃ : 30 (22-2)

What is the diagnosis?

- a) essential hypertension.
- b) Pheochromocytoma.
- c) Addison's disease.
- d) Primary hyperaldosteronism.

47. In vesicular mole:

- a) β -hCG is lower than normal.
- b) fundal height is lower than normal.
- c) fetal heart can be detected.
- d) ovarian cyst is a common association.
- e) hypothyroid symptoms may occur.

48. which of the following mostly occur in a patient with intracranial abscess?

- a) cough.
- b) vomiting.
- c) ear discharge.
- d) frontal sinusitis.

49. what is the best method for preventing infection from patient to another & to health care worker?

- a) wearing gloves when examining every patient.
- b) hand washing before & after each patient.
- c) wearing mask & gown before examining an infected person..
- d) recapping needles & put them in the sharp container.
- e) isolation of all infected persons.

50. you are asked to manage an HIV patient who was involved in a car accident. You know that this patient is a drug addict & has extramarital relations. What are you going to do?

- a) complete isolation of the patient when he is in the hospital.
- b) you have the right to look after the patient to protect yourself.
- c) you will manage this emergency case with taken all the recommended precautions.
- d) you will report him to legal After recovery.
- e) tell his family that he is HIV positive.



51. A family went to a dinner party.. after that hey all had symptoms of abdominal pain, nausea & vomiting & dehydration. Some of them recovered while other needed hospitalization. What is the most likely organism?

- a) giardia.
- b) staph aureus.
- c) salmonella.
- d) C.perfringis.

52. When a person is predicted NOT to have a disease he is called (negative). Then what is (true negative)?

- a) when a person is predicted to have a disease, have it.
- b) when a person is predicted to have a disease, didn't have it.
- c) when a person is predicted not to have a disease, didn't have it.
- d) when a person is predicted not to have a disease, have it.
- e) when risk cannot be assessed.

53. A man presented with right knee swelling & pain. Also he had right elbow swelling & pain. On examination, it was swollen, tender, red with limitation of movement. 50cc of fluid is aspirated from the knee. Gram stain showed gram positive diplococci. He has just come from India. What is the most likely organism?

- a) brucella.
- b) niesseria meningitides.
- c) strept pneumonia.
- d) staph aureus.
- e) strept pyogens.

54. A .. years old lady presented to you & told you that she knows that she has cancer stomach. She had visited 6 doctors before you & she had Ultrasound ... times & Barium meal times & no one believes what she said & told you that you are the last doctor she is going to see before seeking herbal medicine. What is the diagnosis?

- a) generalized anxiety.
- b) panic attack.
- c) conversion reaction.
- d) hypochondriasis.
- e) anxiety.

55. A patient came to you complaining of gradual loss of vision & now he can only identify light. Which of the following is least to cause his problem?

- a) retinal detachment.
- b) central retinal artery embolism.
- c) vitreous hemorrhage.
- d) retinitis pigmentosa.
- e) retrobulbar neuritis.



56. which of the following is the most likely cause of infection after IV fluid through canula?

- a) infection of the fluid in the factory.
- b) infection of fluid during passing in the canula.
- c) infection at site of needle insertion.
- d) disseminated infection due to transient bacteremia.

57. which of the following indicates that a breast lump is safe to leave after aspiration?

- a) a cyst that does not refill.
- b) solid rather than cyst.
- c) cytology showed hyperchromatic nuclei.
- d) cytology showed fibrocystic disease.
- e) minimum blood in aspiration fluid.

58. I.V fluid in burn patient is given:

- a) $\frac{1}{2}$ of total fluid is given in the first 8 hours post burn.
- b) $\frac{1}{4}$ of total fluid is given in the first 8 hours post burn.
- c) the whole total fluid is given in the first 8 hours.
- d) $\frac{1}{2}$ of total fluid is given in the first 6 hours post burn.
- e) $\frac{1}{4}$ of total fluid is given in the first 6 hours post burn.

59. A 15 years old boy came to your clinic for check up. He is asymptomatic. His CBC showed:

Hb 118 g/L. WBC N, RBC 6.3 (high), MCV 69 (low), MCH (low), retics N.
What is the most likely diagnosis?

- a) iron deficiency anemia.
- b) Anemia due to chronic illness.
- c) Megaloblastic anemia.

60. What is the ratio of ventilation to chest compression in a one person CPR?

- a) 2 ventilation & 15 compressions at rate of 80-100 per minute.
- b) 1 ventilation & 15 compressions at rate of 80-100 per minute.
- c) 2 ventilation & 7 compressions at rate of 80-100 per minute.
- d) 1 ventilation & 7 compressions at rate of 80-100 per minute.
- e) 3 ventilation & 15 compressions at rate of 80-100 per minute.

61. A 28 years old lady presented with history of increased bowel motion in the last 8 months. About 3-4 motions per day. Examination was normal. Stool analysis showed:

Cyst, yeast: nill.

Mucus ++

Culture: no growth.

What is the most likely diagnosis?

- a) inflammatory bowel disease.
- b) Irritable bowel disease.
- c) Diverticulitis.



62. Facial nerve, when it exits the temporomandibular joint & enter parotid gland it passes:
- a) deep to retromandibular vein.
 - b) deep to internal carotid artery.
 - c) superficial to retromandibular vein & external carotid artery.
 - d) deep to external carotid artery.
 - e) between external carotid artery & retromandibular vessels.
63. A patient presented to you complaining of left submandibular pain & swelling when eating. On examination, there is enlarged submandibular gland, firm. What is the most likely diagnosis?
- a) mumps.
 - b) Sjogren's syndrome.
 - c) Hodgkin's lymphoma.
 - d) salivary gland calculi.
64. Frequent use of nasal vasoconstrictors can cause:
- a) Rhinitis sicca (sicca means dry)
 - b) allergic rhinitis.
 - c) septal perforation.
65. Perinatal mortality:
- a) includes all still births after 30 weeks.
 - b) includes all still births & neonatal deaths in the first week.
 - c) includes all neonatal deaths up to 6 weeks.
 - d) characteristically excludes post natal deaths.
 - e) it is death per 10,000 live birth.
66. About antepartum hemorrhage:
- a) need immediate assessment by vaginal exam.
 - b) mother risk is more than fetal risk.
67. Which of the following tests is mandatory for all pregnant women?
- a) HIV.
 - b) Hepatitis B surface antigen.
 - c) VDRL.
68. when lactic acid accumulates, body will respond by:
- a) decrease production of bicarbonate
 - b) excrete CO₂ from lungs.
 - c) excrete Chloride from kidneys.
 - d) metabolize lactic acid in liver.
69. What is the initial management of acute hypercalcemia?
- a) correction of extra-cellular fluid.

70. which of the following suggests enormous ovarian cyst more than ascites?
- a) fluid wave.
 - b) decrease bowel motion.
 - c) shifting dullness.
 - d) tympanic central, dull lateral.
 - e) dull central, tympanic lateral.
71. A 25 years old student presented to you with severe headache over the last few days. On examination, he was agitated & restless. What diagnosis must be considered in this case?
- a) acute severe migraine.
72. A pregnant lady 34 weeks came to you in labor. On examination, the baby is back down, transverse lie, cervix is 3 cm dilated & bulging membrane. Her contractions are one every 4 minutes. Ultrasound showed posterior fundal placenta. What is the management?
- a) caesarian section.
 - b) amniotomy.
 - c) oxytocin.
 - d) amniocentesis to assess fetal lung maturity.
73. Sciatica:
- a) never associated with sensory loss.
 - b) maybe associated with calf muscle weakness.
 - c) do not cause pain with leg elevation.
 - d) causes increased lumbar lordosis.
74. ultrasound of pregnant lady showed posterior wall? Placenta. It does not reach examining finger by vaginal exam. Which of the following is true?
- a) complete placenta previa.
 - b) normal site placenta.
 - c) low lying placenta.
 - d) placenta previa marginalis.
 - e) incomplete centralis.
75. All of the following is true about IUGR except:
- a) asymmetric IUGR is usually due to congenital anomalies?
 - b) IUGR babies are more prone to meconium aspiration & asphexia.
 - c) inaccurate dating can cause misdiagnosed IUGR?
76. What is the simplest method to diagnose fractured rib?
- a) posteroanterior x ray.
 - b) lateral x ray.
 - c) tomography of chest.



77. A healthy 28 years old lady P1+0 presented to you with 6 month amenorrhea. What is the most likely cause for her amenorrhea?

- a) pregnancy.
- b) turner syndrome.

78. Definition of status epilepticus:

- a) generalized tonic clonic seizure more than 15 minutes.
- b) seizure for more than 30 minutes with/out?? Regain consciousness in between.
- c) absence seizure for more than 15 minutes.

79. action of contraceptive pills:

- a) inhibition of estrogen & then ovulation.
- b) inhibition of prolactin then ovulation.
- c) inhibition of protozoa by change in cervical mucosa.
- d) inhibition of midcycle gonadotropins then ovulation.
- e) inhibition of implantation of the embryo.

80. Rubella infection:

- a) Intubation period 3-5 days.
- b) arthritis.
- c) oral ulcers.
- d) start with high fever.
- e) don't cause cardiac complications or deafness.

81. best detector of progress of labor is:

- a) dilatation.
- b) descent.
- c) dilatation & descent.
- d) degree of pain.
- e) fetal heart rate.

82. A 35 years old primi 16 weeks gestation coming for her 1st check up. She is excited about her pregnancy. No history of any previous disease. Her blood pressure after a rest was 160/100. after one week her BP was 154/96. what is the most likely diagnosis?

- a) pre-eclampsia.
- b) chronic HTN.
- c) labile HTN.
- d) chronic HTN with superimposed pre-eclampsia.
- e) transient HTN.

83. A 55 years old man known case of COPD. Now complaining of 1 week fever, productive cough. CXR showed left upper lobe pneumonia. Sputum culture positive H.influenza. what are you going to give him?

- a) penicillin.
- b) doxycycline.
- c) cefuroxime.
- d) gentamycin.
- e) carbincillin.



84. A 5-month-old baby presented to ER with sudden abdominal pain & vomiting. The pain lasts for 2-3 minutes with interval of 10-15 minutes in between. The most likely diagnosis:
- a) intussusception.
 - b) infantile colic.
 - c) appendicitis.
85. A 15-year-old girl her menarche was at age of 13 years. She is complaining of menstrual pain. She not sexually active. On examination & pelvic ultrasound were normal. How are you going to manage her?
- a) laparotomy.
 - b) danazol.
 - c) cervical dilatation.
 - d) NSAID.
86. A 32 years old lady work in a file clerk developed sudden onset of low back pain when she was bending on files, moderately severe for 3 days duration. There is no evidence of nerve root compression. What is the proper action?
- a) bed rest for 7 to 10 days.
 - b) traction.
 - c) narcotic analgesia.
 - d) early activity with return to work.
 - e) CT scan for lumbosacral vertebrae.
87. A 45 years old lady presented with nipple discharge that contains blood. What is the most likely diagnosis?
- a) duct papilloma.
 - b) duct ectasia.
 - c) breast abscess.
 - d) fibroadenoma.
 - e) fat necrosis of breast.
88. In moderate to severe asthmatic patient, you will find all the following EXCEPT:
- a) $PO_2 < 60$.
 - b) $PCO_2 > 60$.
 - c) low HCO_3 .
 - d) IV hydrocortisone will relieve the symptoms after few hours.
 - e) dehydration.
89. A 30 years old man presented with history of left-sided chest pain & shortness of breath. BP 80/50. on examination, hyper-resonant chest on the left side. The most likely diagnosis:
- a) pneumonia with pleural effusion.
 - b) MI.
 - c) spontaneous pneumothorax.



90. A 20 years old married lady presented with history of left lower abdominal pain & amenorrhea for 6 weeks. The most appropriate investigation to rule out serious diagnosis is:

- a) CBC.
- b) ESR.
- c) pelvic ultrasound.
- d) abdominal X-ray.
- e) vaginal swab for culture & sensitivity.

91. Greatest risk factor for stroke:

- a) DM
- b) Family history of stroke
- c) High blood pressure
- d) Hyperlipidemia
- e) Cigarette smoking

92. Q about definition of forced Vital Capacity (FVC)

وفي الختام، فالشكر موصول لكل من ساعد في هذا الاختبار بجمعه أو كتاباته، ونخص بالذكر منهم د. ياسر القرني ، د. محمد الصيعري، د. ياسر القرني، د. ماجد الخطيلي، Dr.Zaimos، Dr.Mariana ونعتذر ممن لم نذكر اسمه نسيانا

كما لا يفوتني أن أشكر أخي جمال الساعاتي على جهوده الفريدة في جمع الأسئلة وكتابتها، فله جزيل الشكر والثناء

قام بتجميع الأسئلة: محمد جمال حولدار وجمال الساعاتي

تنسيق الأسئلة وترتيبها: محمد جمال حولدار

إخوانكم:

محمد جمال حولدار

جمال الساعاتي



SLE October 2007

Dr.Mohammad Al-Dokhi

- 1) 17 year old male presented to you with history of abdominal pain and cramps in his leg he vomited twice , his past medical history was unremarkable. On examination he looks dehydrated with dry mucous membranes,***
 - (i) His investigation:***
 - (ii) Na: 155 mmol/l K: 5.6 mmol/l***
 - (iii) Glucose; 23.4 mmol/l HCO₃⁻: 13***
 - ii) Best tool to diagnose this condition is:***
 - b) Plain X-ray
 - c) Ultrasound
 - d) Gastrosocopy
 - e) Urine analysis (Dipstick analysis)
- 2) 27 years old male with tonic colonic convulsions presented to you in ER , 20 mg diazepam was giving but convulsions did not stopped, you will given :-***
 - a) Diazepam till total dose of 40 mg
 - b) Phenytoin
 - c) Phenobar
- 3) 35 year old male sustained road traffic accident presented to ER with low blood pressure, distended jugular veins, and muffled heart sounds, bruises over the sternal area. diagnosis is:***
 - a) Cardiac tamponade
 - b) Pulmonary embolism
 - c) MI
 - d) pericarditis
- 4) Regarding auscultation of the heart, some sounds are best heard in specific position, which of the following is true:***
 - a) Supine position for venous hum murmur
 - b) Setting position for pericardial rub
 - c) Supine position for innocent murmur
 - d) Setting position for aortic incompetence
 - e) Left lateral position for mitral stenosis
- 5) Middle age woman presented with upper abdominal pain, increase by respiration. On examination temperature 39 °C ,right hypochondrial tenderness***
 - i) Her investigations:***
 - (a) Bilirubin (normal)***
 - (b) ALT (normal)***
 - (c) WBC (12.9)***

ii) Your next step is:

- b) chest X-ray
- c) abdominal ultrasound
- d) Serum amylase
- e) ECG
- f) endoscopy

Dr.Hussain A. Albaharna

6) Glue ear:

- a) is not a common cause of hearing loss in children
- b) is characterized by collection of pus in the middle ear
- c) is invariably caused by enlarged adenoid
- d) may be treated by the insertion of grommet tube
- e) may eventually lead to sensory neural hearing loss

7) Earliest symptom of left sided heart failure is:

- a) orthopnea
- b) pedal edema
- c) paroxysmal nocturnal dyspnea
- d) dyspnea on exertion
- e) chest pain

8) when an a cyanotic middle age adult has roentgenographic evidence of enlarged pulmonary arteries and increased lung markings, most likely diagnosis is:

- a) Ventricular septal defect
- b) Coarctation of aorta
- c) Pulmonary valvular stenosis
- d) Atrial septal defect
- e) Truncus arteriosus

9) 12 year old girl with malaise, fatigue, sore throat, fever, hepatosplenomegaly and generalized lymphadenopathy is diagnosed as having EBV related mononucleosis. Complications that might occur in this patient include all the following except:

- a) aplastic anemia
- b) encephalitis
- c) transverse myelitis
- d) splenic rupture
- e) chronic active hepatitis

10) calcium channel blocker as nifedipine, verapamil and diltiazem are extremely useful in all of the following applications except:

- a) Prinzmetal's angina pectoralis
- b) hypertension

- c) atrial tachycardia
- d) ventricular tachycardia
- e) Effort angina pectoralis

Dr.Akeel Al-Haiz

11) Na^+ content in a 0.9 normal saline is (mmol/L):

- a) 50
- b) 75
- c) 90
- d) 155
- e) 200

12) 15 year old, previously healthy; his investigations:

Hb 11.8 RBC 6.8
WBC 6.1 Retics 2.1
MCH 20 MCV 68

The Diagnosis is:

- a) Iron deficiency anemia
- b) Beta-thalassemia trait
- c) Sick cell anemia
- d) Anemia of chronic disease
- e) Folic acid deficiency

13) concern obstructed labor one is true:

- a) common in primipara
- b) common in occipito-anterior position
- c) caput succedaneum and excessive molding are usual signs
- d) easily to be diagnosed before onset of Labour
- e) oxytocin is used to induced Labour

14) During an examination of a child for elective surgery, you found a murmur of grade 2/6 continuous over the right sternal edge increase by sitting and disappear by supine position, your next step is:

- a) consult a cardiologist
- b) reassure that it is innocent murmur and he can proceed for the surgery
- c) ECG
- d) postponed the surgery
- e) give prophylactic antibiotic

15) 25 year old male presented with single fracture in the shaft of the femurs.

Treatment is:

- a) Open retrograde intramedullary nail
- b) Closed antegrade intramedullary nail
- c) internal fixation
- d) apply cast
- e) skeletal traction

Dr.Naimah alfaraj

16) All are true about ectopic pregnancy except:

- a) ovarian site at 20%
- b) cause of death in 1st trimester
- c) doubling time of B-hCG
- d) can be diagnosed by laparoscopy
- e) empty uterus + HCG before 12 wks is Dx

17) the most accurate diagnostic inv. For ectopic preg.:-

- a) culdocetesis
- b) pelvic U/S
- c) endometrial biopsy
- d) serial B-HCG
- e) laparoscopy

dr.Hameedah Kazim

18) 65 years old lady presented to your office that recently moved to nursery house. She has been living alone for 6 years since her husband died. In the last 6 months she has become increasingly disabled because of suffering of congestive heart failure and osteoarthritis. She was moved to the nursing home 3 months back. 4 weeks ago she started to have, weight loss of around 3.6Kg, has not eaten, lost of interests of all social activities & has been crying all the time. Her mood is worse in the morning & (especially during the attacks of low mood) she has impaired short term memory. The most likely diagnosis is:

- a. depression disorder
- b. Alzheimer's disease
- c. Multi-infarct dementia
- d. Hypothyroidism
- e. Vit.B12 deficiency

Dr.Naimah alfaraj

19) 18 months old with history of croup, barking cough at night, this is the second one during the last 6 months, no PMH but mild atopic eczema. What is the most probable diagnosis:

- a) spasmodic croup
- b) angioneurotic edema
- c) bronchial asthma
- d) acute laryngotracheobronchitis
- e) acute epiglottitis

dr.Hassna'a Al-Qahtani

20) the commonest presentation of acute otitis media is:

- a) pain
- b) discharge
- c) tinnitus
- d) vertigo

dr.Roqiah Al-Ali

21) the most powerful epidemiologic study is:

- a) retrospective case control study

- b) cohort study
- c) cross-sectional study
- d) historic time data
- e) secondary data analysis

22) The investigation to confirm Alzheimer's:

- a) CT of the brain
- b) EEG
- c) Neurological examination
- d) Lab investigations
- e) None of the above

Dr.Naimah alfaraj

23) Gastric lavage can be done to wash all of the followings except:

- a) Drain cleanser
- b) Vit D
- c) Diazepam
- d) Aspirin

24)age, drug addict swallowed open safety pins since 5 hours, presented to the ER, X rays showed the foreign body in the intestine. Which is the best management:

- a) shift to surgery immediately
- b) discharge and give appointment to follow up
- c) admit and do serial abdominal X-rays and examination
- d) give catharsis : MgSO₄ 250 mg

25) the most accurate to diagnose acute Glomerulonephritis is:

- a) RBC cast in urinalysis
- b) WBC cast in urinalysis
- c) Creatinine level increase
- d) Shrunken kidney in US
- e) Low Hgb but normal indices

Dr.Danah Al-Kaki

26) which of the clinical condition is hazardous of long term use of systemic corticosteroids:

- a) DVT
- b) Bronchial asthma
- c) Breast carcinoma
- d) Myopathy of pelvic girdle.
- e) Osteomalacia

Dr.Afrah Babli

27) 20 years old male presented with stabbed wound in the abdomen. The most appropriate statement:

- a) Should be explored
- b) Observation as long as vital signs are stable
- c) Exploration depends on peritoneal lavage findings.
- d) Exploration depends on ultrasound findings.
- e) Exploration depends on whether there is peritoneal penetration or not.

Dr.Fawzia Al-Shamrni

28) the maximum dose of ibuprophen is:

- a) 800
- b) 1600
- c) 3000
- d) 3200

dr.Reem aljehani

29) all caused by subarachnoid hemmorrhage except:

- a) paraplegia
- b) nuchal rigidity
- c) severe headache
- d) disturbed consciousness
- e) associated with berry aneurysm

30) breath hold attack:

- a) usually between 5 and 10 years
- b) may be precursor for generalized seizures
- c) could be prevented by medications and diazepam
- d) in childhood, may predispose to epilepsy later in life
- e) unlikely to be preceded by emotional upset

dr.Neamat Al-Turki

31) The commonest cause of PPH is

- a) atony of the uterus
- b) multiparity
- c) multiple gestation
- d) macrosomia
- e) preeclampsia

dr.Naimah alfarj

32) Neonate with apgar score of 3 (cyanosis, limping, HR=60bpm, weak cry), what is the first step of managment:

- a) warming and drying
- b) Ventilation
- c) Chest expansion
- d) intubation??
- e) Bicarbonate injection

33) 2 weeks post- anterior posterior repair, a female complain of urine passing PV with micturation. What is the Diagnosis?

- a) urethrovaginal fistula
- b) uretrovaginal fistula
- c) vesicovaginal fistula
- d) sphincter atony
- e) cystitis

34) The chromosome of cystic fibrosis:

- a) short arm of chromosome 7
- b) long arm of chromosome 7
- c) short arm of chromosome 8
- d) long arm of chromosome 8
- e) short arm of chromosome 17

dr. Hannan Baradhwani

35) physiological hypoxia is caused by:

- a) increase 2-3,DPG
- b) pulmonary shunt
- c) ventilation-perfusion disproportion
- d) Hypoventilation

Dr. Zainab Al-Seba'

36) 1 year old baby complaining of acute hepatosplenomegaly, skin bluish nodules and lateral neck mass. What is the best investigation?

- a) liver biopsy
- b) bone marrow aspiration
- c) MRI of the chest
- d) EBV serology
- e) CBC

Dr. Naimah alfarj

37) 32 years old female divorced, complaining of amenorrhea 15 months, investigation shows high FSH. What is the diagnosis?

- a) primary ovarian failure
- b) pregnancy
- c) ovulation
- d) hypopituitarism
- e) microadenoma of the pituitary gland

Dr. Mohammed Aljama

38) the most accurate diagnosis of pulmonary embolism is:

- a) ABG
- b) Pulmonary angiogram
- c) Ventilation scan
- d) Perfusion scan
- e) Chest x-ray

Dr. Aayat Safar

39) non-opaque renal pelvis defect on IVP. US showed dense echoes & acoustic shadowing. The most likely diagnosis is:

- a) blood clot
- b) tumor
- c) sloughed renal papilla
- d) uric acid stone
- e) crossing vessel

dr.Rasha Mokahal

40) 12 months baby can do all except:

- a) Walk with support one hand
- b) Can catch with pincer grasp
- c) Can open drawers
- d) Response to calling his name
- e) **Can play simple ball**

Dr.Sara Alkhaldi

41) An 8-year-old girl presented with fever, numerous bruises over the entire body, and pain in both legs. Physical examination reveals pallor and ecchymoses and petechiae on the face, trunk and extremities. Findings on complete blood count includes a hemoglobin of 6.3 g/dl, white cell count of 2800/mm³ and platelet count of 29,000/mm³. Which of the following would be the MOST appropriate diagnostic test?

- a) Hb electrophoresis.
- b) Bone marrow aspiration.
- c) Sedimentation rate. (I think ESR?)
- d) Skeletal survey.
- e) Liver and spleen scan.

42) A 6-year-old girl presented with low grade fever and arthralgia for 5 days. She had difficulty in swallowing associated with fever 3 weeks prior to presentation. Physical examination revealed a heart rate of 150/min and pansystolic murmur at the apex. There was no gallop and liver was 1 cm below costal margin. The MOST likely diagnosis is:

- a) Bacterial endocarditis.
- b) Viral myocarditis.
- c) Acute rheumatic fever.
- d) Pericarditis.
- e) Congenital heart failure.

Dr.Afrah Babli

43) 25 years old man has a right inguinal herniorrhaphy and on the second day post-operative he develops excruciating pain over the wound and a thin, foul-smelling discharge. His temperature is 39°C and his pulse rate is 130/min. A gram stain of the exudate shows numerous gram positive rods with terminal spores. The most important step in management of this patient is:

- a) Massive intravenous doses of penicillin G
- b) Administration of clostridia antitoxin
- c) Wide surgical debridement

- d) Massive doses of chloramphenicol
- e) Wide surgical debridement and massive doses of penicillin G

44) fracture of rib can cause all except:

- a) pneumothorax
- b) hemothorax
- c) esophageal injury
- d) liver injury

45) 46 yr old female presented for the third BP reading, high blood pressure 160/100 . she is not on any medication. Lab investigation showed

Urea: normal

Creatinine: normal

Na=145 (135-145)

K= 3.2 (3.5 – 5.1)

HCO₃= 30 (22-28)

What is the Dx?

- a) Essential hypertension
- b) Pheochromocytoma
- c) Addison's Disease
- d) Primary Hyperaldosteronism

46) Hb electrophoresis done for a patient shows HbA1=58% , HbS = 35% , HbA2 = 2% , HbF = 5 % , Dx :

- (1) Sickle cell trait
- (2) Thalassemia minor
- (3) Thalassemia major
- (4) Sickle cell anemia
- (5) Sickle cell thalassemia.

Dr.Noor Al-Ibrahim

47) Patient is complaining of 10 days anal fissure:

- a) Conservative management
- b) So deep reaching the sphincter
- c) At site of 12:00
- d) Associated with loose bowel motion

Dr.Abeer Al-Saeed/dr.Heba Al-Bajhan

48) 75 years old man came to ER complaining of acute urinary retention. What will be your initial management:

- a) Send patient immediately to OR for prostatectomy
- b) Empty urinary bladder by Folley's catheter and tell him to come back to the clinic
- c) Give him antibiotics because retention could be from some sort of infection
- d) Insert Folley's catheter and tell him to come to clinic later
- e) Admission, investigations which include cystoscopy then

Dr.Enas Al-Sharkh

49)30 years old male patient with long history of Crohn's disease. Surgery is indicated if he has:

- a) Internal fistula
- b) External fistula
- c) Intestinal obstruction
- d) Abdominal mass
- e) Stagnant bowel syndrome

Dr.Amal Al-Ahmadi

50)70-year-old male was brought to the emergency with sudden onset of pain in his left lower limb. The pain was severe with numbness. He had an acute myocardial infarction 2 weeks previously and was discharged 24 hours prior to his presentation. The left leg was cold and pale, right leg was normal. The most likely diagnosis is:

- a) Acute arterial thrombosis
- b) Acute arterial embolus
- c) Deep venous thrombosis
- d) Ruptures disc at L4-5 with radiating pain
- e) Dissecting thoraco-abdominal aneurysm

Dr.Areej Al-Dawssari

51)Complications of long term phenytoin therapy include the following except:

- a) Hirsutism
- b) Osteomalacia
- c) Osteoporosis
- d) Macrocytosis
- e) Ataxia

Dr.Asma'a Al-Gonaim

52)A 29 year-old teacher consulted you regarding what he describes "an intensive fear" before giving class in the secondary school. He tells you that is only matter of time before he "makes a real major mistake". What is the most likely diagnosis in this patient:

- a) A specific phobia
- b) A social phobia
- c) A mixed phobia
- d) Panic disorder without agoraphobia
- e) Panic disorder with agoraphobia

dr.Roqia Al-Ali

53)Treatment of patient in the previous question is :

- a) alprazolam
- b) propranolol
- c) phenelzine
- d) chlorpromazine
- e) chlorpromine

dr.Salma Al-Sharhan

54)Which one of the following diseases is not transmitted by mosquitoes:

- a) Rift valley fever
- b) Yellow fever
- c) Relapsing fever
- d) Filariasis
- e) Dengue fever

Dr.Hassna'a Al-Qahtani

55)Young female 35 week primigravida has mild pre-eclampsia, BP 150/95 mmHg with edema of lower extremities and hands. The best management:

- a) Diuretics
- b) Low-salt diet
- c) Oral labetalol
- d) Immediate delivery
- e) Meternal-fetal observation with continued hospitalisation

Repeated questions collected by: Hameedah A. Kazim

56)70 year-old man fell on outstretched hand. On examination intact both radial and ulnar pulses, dinner fork deformity. Tender radial head. The diagnosis is:

- a) Fracture of distal ulna & displacement of radial head
- b) Fracture of shaft of radius with displacement of head of ulna
- c) Colle's fracture
- d) Fracture of scaphoid

57)+++++12 year-old girl with malaise, fatigue, sore throat and fever. On examination there were petechial rash on palate, large tonsils with follicles, cervical lymphadenopathy and hepatosplenomegaly. All are complications except:

- a) Aplastic anemia
- b) Encephalitis
- c) Transverse myelitis
- d) Splenic rupture
- e) Chronic active hepatitis

58)6 month-old baby presented to clinic with 2-day history of gastroenteritis. On examination: decreased skin turgor, depressed anterior fontanel and sunken eyes. Best estimate of degree of dehydration:

- a) 3%
- b) 5%
- c) 10%
- d) 15%

e) 25%

59) Pregnant teacher in her 20 week of pregnancy reported 2 of her students developed meningitis. Prophylactic treatment:

- a) Observe for signs of meningitis
- b) Meningitis polysaccharide vaccine
- c) Ciprofloxacin ???(500)mg OP once
- d) Ceftriaxone ???(250)mg IM (or IV) once
- e) Refampacine ???(600)mg BID for 2 days

60) Perinatal mortality:

- a) Includes all stillbirths after 20th week of pregnancy
- b) Includes all neonatal deaths in the first 8 weeks of life
- c) Includes all stillbirths and first week neonatal deaths
- d) Specifically..... neonatal deaths
- e) Is usually defined as death per 10,000 live births

61) 5 day-old baby vomited dark red blood twice over the past 4 hours. He is active and feeding well by breast. The most likely cause is:

- a) Esophagitis
- b) Esophageal varices
- c) Gastritis
- d) Duodenal ulcer
- e) Cracked maternal nipples

62) 5 year-old patient was seen at ER with history of fever and sore throat. Which of the following findings will suggest a viral etiology for his complaint:

- a) Presence of a thin membrane over the tonsils
- b) A palpable tender cervical lymph node
- c) Petechial rash at hard or soft palate
- d) Absence of cough
- e) Rhinorrhea of clear colorless secretions

63) An 80 year-old woman presented to your office with a 6-month history of stiffness in her hands bilaterally. This stiffness is worse in the morning and quickly subsides as the patient begins her daily activities. She has no other significant medical problems. On examination, the patient has bony swelling at the margins of the distal interphalangeal joints on the second to fifth digits on both hands. No other abnormalities were found on physical examination. The swellings represent:

- a) Heberden's nodes
- b) Boucher's nodes
- c) Synovial thickenings
- d) Subcutaneous nodules
- e) Sesamoid

64) A 3 year-old child woke from sleep with croup, the differential diagnosis should include all except:

- a) Pneumonia
- b) Tonsillitis
- c) Cystic fibrosis
- d) Inhaled foreign body

65) 20 year-old man involved in road traffic accident (RTA) brought to ER by friends. On examination, he was found to be conscious but drowsy. HR 120/min, BP 80/40. The most urgent initial management measure is:

- a) CT scan of brain
- b) X-ray of cervical spine
- c) Rapid infusion of crystalloid
- d) ECG to exclude pericardium
- e) U/S abdomen

66) One of the following combination of drugs should be avoided:

- a) Cephaloridine and paracetamol
- b) Penicillin and probenecid
- c) Digoxin and levodopa
- d) Sulphamethoxazole and trimethoprim
- e) Tetracycline and aluminium hydroxide

67) Coarctation of aorta is commonly associated with which of the following syndrome:

- a) Down
- b) Turner
- c) Patau
- d) Edward
- e) Holt-Orain

68) Standard precaution are recommended to be practiced by all health workers (HCW) to prevent spread of infection among patient and HCW. Most important measure:

- a) Wearing gloves when examining every patient
- b) Hand washing before and after each patient
- c) Wearing mask & gown before examining an infected person
- d) Recapping needle & put them in the sharp container
- e) Isolation of all infected persons

69) A 20 year-old man sustained a deep laceration on the anterior surface of the wrist. Median nerve injury would result in:

- a) A claw hand defect
- b) A wrist drop
- c) A sensory deficit only
- d) An inability to oppose the thumb to other fingers
- e) The inability to flex the metacarpophalangeal joints

70) Definition of status epilepticus:

- a) Generalized tonic clonic seizure more than 15 minutes
- b) Seizure for more than 30 minutes without regain consciousness in between
- c) Absence seizure for more than 15 minutes

71) A 5 month-old baby presented to ER with sudden abdominal pain and vomiting. The pain lasts for 2-3 minutes with interval of 10-15 minutes in between. The most likely diagnosis:

- a) Intussusceptions
- b) Infantile colic
- c) Appendicitis

72) A 32 year-old lady work in a file clerk developed sudden onset of low back pain when she was bending on files. Moderately severe for 3 days duration. There is no evidence of nerve root compression. What is the proper action:

- Bed rest for 7 to 10 days
- Traction
- Narcotic analgesia
- Early activity with return to work
- CT scan for lumbosacral vertebrae

73) A 45 years old lady presented with nipple discharge that contains blood. What is the most likely diagnosis:

- a) Duct papilloma
- b) duct ectasia
- c) breast abscess
- d) fibroadenoma
- e) fat necrosis of breast

74) 70 year-old woman has had MI. 2 days after admission she developed abdominal pain and diarrhoea with passage of blood. Abdomen x-ray showed distended intestine with no air fluid level. Serum amylase level slightly elevated with mild fever. The diagnosis is:

- a) ulcerative colitis
- b) acute pancreatitis
- c) ischemic colitis
- d) diverticulitis
- e) phenindione-induced colitis

75) Using the following classification:

Risk factor	Case	Non-case	Total
Present	A	B	A+B
Absent	C	D	C+D
Total	A+C	B+D	

Relative risk of those with the risk factor to those without risk factor is:

- a) b)

A/A+B	A/A+B
C/C+D	
c)	d)
C/C+D	AD/BC
e)	
A/B	
C/D	

76)Hyperprolactinemia associated with all of the following except:

- a) pregnancy
- b) acromegaly
- c) Hypothyroidism
- d) Methyldopa

dr.Alaa Alshamrani

77)After delivery start breast feeding:

- a) As soon as possible
- b) 8 huors
- c) 24 hours
- d) 36 hours
- e) 48 hours

78)One of the following increases the amniotic fluid:

- a) Patient of D.I
- b) Duodenal atrasia
- c) Renal agenesis
- d) Old primigravida

Dr.Nuha Alshemari

79)young male presented after RTA with injured membranous urethra , best initial ttt is :

- a) Passage of transurethral catheter
- b) Suprapubic catheter
- c) Perineal repair
- d) Retropubic repair
- e) Transabdominal repair

80)after aspiration of cystic mass in the breast the result was clear fluid, next step:

- a) Send the aspirated content for cytology and if abnormal do mastectomy
- b) Reassure the patient that this lump is a cyst and reassess her in 4 weeks
- c) assign the patient for mastectomy as this cyst may change to cancer.
- d) Put the patient on contraceptive pills and send her home

81)25 year-old male with history of 3 days swelling and arthralgia of the L.L knee joints. One day later, right wrist also involved he has a history of Indian travel. Physical examination revealed, tempreture 39, tender joints with swellings. Aspiration was done of the knee joint

gave 50c.c turbid fluid with gram –ve diplococci. What is the causative organism:

- a) Brucella
- b) Staph aureus
- c) Streptococcus pyogen
- d) Streptococcus pneumonia
- e) Nisseria gonoria

82)Patient had anterior wall MI and he was transferred to ICU the nurse notice he has PVC 20/min. He is on digoxin, diuretics, what do u want to add:

- a) Propanolol
- b) Amiodaron
- c) Mexillitine
- d) flecanide
- e) Nothing

Dr.Mohammad Al-Jama

83)A 42 year-old man presented with sudden eruption all over the body with palm and foot. Most likely diagnosis:

- a) syphilis
- b) erythema nodosum
- c) erythema multiform
- d) fixed drug eruption
- e) pyteriasis roscia

dr.Eman Al-Yousef

84) which of the followings is true:

- a. standard error of mean(SEM) give an index of spread of observation around the mean
- b. SEM is calculated as square root of variance
- c. standard deviation is generally smaller than SEM
- d. SD is an index of reliability of the mean
- e. one advantage of SD that it can be manipulated mathematically.

Dr.Naimah alfaraj

85) the commonest nerve injury associated with humerus fracture is:

- a) radial nerve
- b) ulnar
- c) musculocutaneous
- d) axillary
- e) median

dr.Eman Abu-abdullah

86)10 years-old baby boy woke up from his sleep with severe lower abdominal pain most important area to examine:

- a.
- b.
- c. rectum

- d. testes
- e. none of the above

87) child with positive skin test of TB and previously it was -ve?

Treatment of this child

- a) INH alone
- b) INH + rifampicin
- c) INH + rifampicin+ streptomycin
- d) d-no treatment
- e) none of the above

dr.Ibrahim Al-kazim

88) Regarding urticaria, true except:

- a) may be due to drug ingestion
- b) not always caused by immune response
- c) could be a part of anaphylactic shock
- d) always due to deposition of immune complexes
- e) ??

89) OCP discontinued if:

- a) patient has headache in the free withdrawal intervals
- b) breast feeding mother
- c) amenorrhea???
- d) ??
- e) Varicose vein is present

90) Hoarseness

- a) occurs if firm opposed of the vocal cords in prevented
- b) if persist for more than 3 weeks laryngoscopy is indicated
- c) in abuse/overuse patient (advice the patient to whisper several weeks
- d) may be caused by bronchus carcinoma
- e) myxedema is a recognized cause

dr.Jawad Al-Habdan

91) a 15 years old boy present with 5 days history of pain behind his left ear and 3 days history of swelling over the mastoid

He had history of acute otitis media treated by amoxicillin but wasn't a complete course. On examination he has tenderness over the mastoid bone with swelling, tympanic membrane shows absent cone reflex and mild congestion; what is the diagnosis:

- a) acute otitis media
- b) serious otitis media
- c) acute mastoiditis
- d) glue ear

92) an elderly patient presented with 10 days of hemiparesis he is on losartan and CYCLOPENTHAZIDE. On examination blood pressure 140/90 mmHg, he has history of gastric ulcer (MRI showed infarction area)

What is your next step:

- a) continue same treatment
- b) add aspirin 325 mg po od
- c) add aspirin 81 mg po od
- d) give warfarin
- e) add dipyridamole

93) 2 years old boy presented with 2 days history of clear, non bilious vomiting and non bloody diarrhea with mild dehydration, the best treatment is

- a. **ORS**
- b. IV normal saline
- c. ORS + ciprofloxacin
- d. ORS + Bactrim
- e. ORS + Amoxicillin

Dr.Khalid Al-Efrij

94) Antidepressant in patient with somatization disorder and depression:

- a) elderly need lower dose
- b) potential side effect shouldn't be discussed
- c) Fluoxetine safe in elderly
- d) Effectiveness assessed after few weeks
- e) Need monitoring of antidepressant level

95) All of the following are causes of intrauterine growth restriction (IUGR) except:

- a) Toxoplasmosis
- b) CMV
- c) Rubella
- d) HSV II
- e) Syphilis

96) When a person is predicted Not to have a disease he is called (Negative). Then what is (true negative):

- a) When a person is predicted to have a disease, he has it.
- b) When a person is predicted to have a disease, he does not have it.
- c) When a person is predicted not to have a disease, he has it.
- d) When a person is predicted not to have a disease, he does not have it.
- e) When risk cannot be assessed.

97) 16 years old female with primary dysmenorrhea which is true:

- a) anovulation

- b) NSAIDs can be helpful
- c) Start few days before the period
- d) Mandate pelvic examination
- e) Pain of period since birth

Dr.Naimah AlFaraj

98) young female presents with 8 weeks history of amenorrhea has lower abdominal pain , pregnancy test was +ve , presents with mild bleeding, your next step is to check:

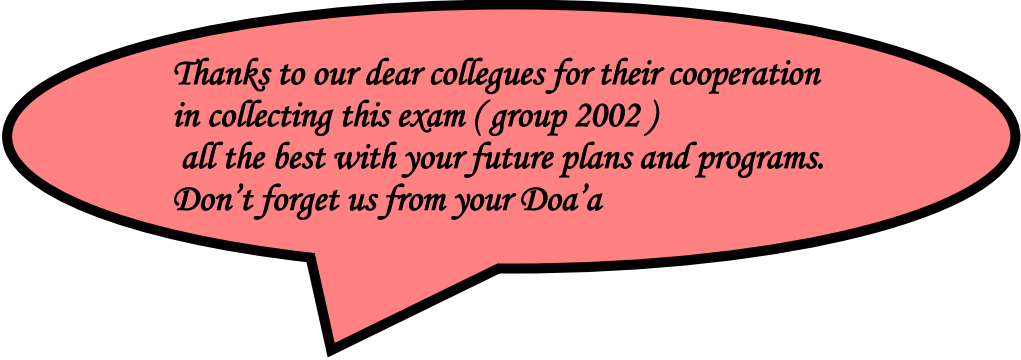
- a) progesterone
- b) B-HCG
- c) Oestrogen
- d) Prolactin
- e) Placental lactogen

99)6 days old Neonate not feeding well, lethargic, with urine smell like burned sugar. The diagnosis is:

- a) Maple syrup urine syndrome
- b) phenylketonurea

100) a patient become disinhibited ,and angry(and other personality changes) . The area responsible is:

- a) pre- frontal area
- b) premotor area



*Thanks to our dear colleagues for their cooperation
in collecting this exam (group 2002)
all the best with your future plans and programs.
Don't forget us from your Doa'a*

Collected and organized by:

Dr.Hameedah Kazim

Dr.Mohammed Al-Dokhi

Dr.Naimah Al-Faraj

1) Child presented after diving/swimming. He complained of fullness in ear, ear pain and ear otorrhea. On examination there is ear canal oedema, erythema. TM normal, no effusion.

- 1) Oral steroid
- 2) Oral decongestant
- 3) Antibiotic ear drops (?Ciprofloxacin).
- 4
- 5

2) Asthmatic child, presented with exacerbation due to increased environmental pollens. You prescribe him inhaled corticosteroid (beclomethasone?) twice daily. Side Effect

Growth retardation.
Hyperactivity.
Ocular hypertension.

3) Guy fell off a ladder. Presented with painful nose. You do an Xray which shows undisplaced fracture of nasal septum. OE there is ecchymosis and oedema of nasal septum. How would you treat him:

Refer him to ENT surgeon.
Manage him with ice with analgesics
Nasal Packing.
Do CT
Re-assist him in 6-8 hours

4) Child present with sore throat and erythema and perhaps fever. Blood culture grew Group A meningococcus. You call the patient home and they tell you that patient became well. What would you do next:

No indication of antibiotic treatment now.
Rafampicin 7 days.
Ceftriaxone 1 dose IV/IM.

5) Picture of Acute varicella zoster Shingle infection on chest.
Lesion is painful.

Treatment:
IV acyclovir
Oral Acyclovir
Oral prednisone or prednisolone
Oral Famcyclovir

6) 2 year old has a patch of hair loss in right temporal area, with area of fluctuant edema measuring 3x3 cm, and pustules. Diagnosis is:

Aplasia cutis congenita
Kerion

7) A lady had normal recent mammogram. Presented with painful fluctuant mass in right axilla measuring 5x4cm. How would you treat her:

Repeat mammogram

Drain this under local anesthesia.

Drain this under general anesthesia.

Lady presented an episode of PV bleed. She also has abdominal pain. She did not have period for 8/52. HR 120, BP 80/60. Abdominal tenderness on examination. The lady has ectopic pregnancy. Site of her ectopic is:

Ovary

Fallopian tube

Cervix

Peritonium

9) Peritonitis:

May occur due to chemical irritation.

Associated with abdominal rigidity which increase as the Paralytic ileus develops.

10)

TSH 0.01

T4 50

T3 10

No thyroid masses are felt

Diagnosis is:

Thyrotoxicosis

Sick euthyroid

Hypothyroidism

11) Elderly with frequent urination and nocturia. Water deprivation test showed normal to increased plasma osmolality, and profuse urine. Desmopressin test did not have any effect.

Nephrogenic diabetes insipidus.

Central diabetes insipidus

Deponogenic insipidus

Perhaps one of the choices was iatrogenic

12) Child with sore throat and fever. Which of the following would support the diagnosis of viral pharyngitis:

Absence of cough.

Thin white layer overlying tonsils.

Clear colourless nasal discharge.

Petechiae in soft and hard palate

Tender cervical anterior lymph nodes

13) Central cyanotic heart disease.

VSD

Hypoplastic left heart

14) Lady with retro-orbital pain, eye tearfulness, and other feature of cluster headache. She was given treatment which was not effective. All of the following are possible treatments for her except:

Lithium

Prednisone

Verapamil

Lidocaine

Methysergide

15) Old lady with symmetrical pain in shoulders. Then developed symmetrical pain in hips. Symptoms started abruptly 6 months ago. Prior to that she had low grade fever, lethargy, and other symptoms (perhaps nausea) On Examination unable to left arms above shoulders.

Rheumatoid artharitis

Polymyalgia rheumatica.

16) A middle aged man presented pain in lower lumber spine over the last six months. The pain typically starts when he wakes up and ease off after 3 minutes of walking. Paracetamol works well for it. No weakness in legs or altered sensation. Back examination revealed unilateral muscle spasm. CT or MRI showed mild narrowing of spinal canal. How would you manage him

Physiotherapy.

Laminectomy

Epidural steroid injection.

..

..

17) You receive a phone call from patients of a child with diabetes. The child was found unconscious by his parents in the morning. His Diabetes is well controlled, and boy is compliant with insulin. The parents are unsure if he had his evening dose of insulin and the morning's dose. What is the most appropriate action:

1) Drive the boy to the emergency department as soon as possible.

2) Call the ambulance to carry the child to the hospital

3) Give the child his dose of insulin.

4) Administer glucagon.

5) Oral sugar

18)

BEST treatment of gestation DM:

Acrobose

Metformin HCl

Sulfonylurea mentioned by name

Insulin

5).....

19)

Young teenage girl, with ongoing stress, and eating disorder. Treatment is:

Lithium
Olazopine
Floxedine

4
5

20) Cystic Fibrosis gene is located in:

Long arm of chromosome 7
Short arm of chromosome 7
Long arm of chromosome 8
Short arm of chromosome 8
..... arm of chromosome 17

21) Young lady with fishy vaginal discharge. Microscopy showedcells
Bacterial vaginosis

22) Fissure in ano, most commonly occur

Posteriorly
Anteriorly
Laterally
In men

5

23) Commonest cause of renal failure

Hypertensive nephrosclerosis
Diabetes Mellitus
Polycystic kidneys

24) Middle aged man with motor vehicle accident. Xrays showed bilateral femoral fracture, fractures of 4 pubic rami. HR 120, BP 80/60. You do chest and abdominal examinations and you could not find any abnormality. The patient is (am not so sure if they said here that he is conscious or drowsy but responsive. INITIAL Management is:

1)Blood transfusion
2) Fluid resuscitation
3) Perhaps Xrays or CT.

4
5

25) Which of these vaccine DOES NOT contain living organism:

1)Hepatitis B
2) Oral Polio
3) MMR
4) BCG
5) Verucella

26) Pregnant lady not vaccinated previous to measles, mumps, or rubella. The had exposure to mumps 3 days ago. What is the most appropriate management:

Give MMR
Immunoglobulin
Do nothing

27) Guy with hypertrophic subarctic stenosis. Planning to have a dental hygiene session. What is correct about endocarditis prophylaxis.

Avoid aggressive cleaning procedures.
Antibiotic prophylactic is not indicated

Give antibiotic before?/after? Cleaning (one or two choices were available but not quite sure).

28) Guy planning to have dental extraction under GA. He has RBBB. ECHO was normal. No previous endocarditis. Which of the follow statements is correct:

Antibiotic prophylaxis is not indicated.

Antibiotic prophylaxis before the procedure.

Antibiotic prophylaxis after the procedure.

29) Battered women, what is the most correct statement about correct statement about them:

1)Majority is from low socioeconomic state.

2) A Large proportion occur after a session of alcohol drinking by the husband.

3) Often present with a number of unrelated complaints.

4) A statement to do with women justifying her husband action by her love to her or her love to him.

5

30) Lady had 3 UTI recently. She ask you about the BEST prophylactic measure to stop further UTIs.

1)Drink plenty of water

2)Wipe front to back

**pt with hepatosplenomegaly with cervical lymphadenopathy with +ve EB virus antibody the DX
infectious mononucleosis**

-2pregnant has glucosuria also by GTT confirmed that she has gestational diabetes what u should do

a- repeat GTT

b- Take a1c hemoglobin

c- Take fasting blood glucose

d- Do insulin tolerance test

e- Control pt diet << my answer

-3child present with runny nose , sore throat, feel like fullness in ear No fever. ON examination of ear normal, nose congested erythema on tonsil. DX

a- acute ottits media

b- viral URTI << my answer

c- viral.....

d- acute tonsillitis

-4pt with HTN using lisinopril, came complain of cough, which drug give same effect but with less cough

a- losartan << my answer
بأقي الادوية نسيتهأ لكن واضح انه هذا لأنه
angiotensin II receptor antagonist

-5pt diagnosed with cholecystitis, best investigation

- a- abdominal US << my answer
- b- abdominal xray
- c- isotope

-6Case scenario DX << acute appendicitisسهل

-7adult with sickle cell anemia , most common neuro complication

- a-seizure
 - b- ataxia
 - c-cerebral infarction << my answer
 - d -
- I am not sure from my answer

-7Pt. after stroke , he lost his smell sensation.. Which part is affected

- a- Frontal
- b- Temporal << my answer
- c- Occipital

-8Case outbreak of plague, Best method to prevent plague is:

- a- Kill rodent
 - b- spray insecticide << my answer
 - c- give prophylactic AB
 - d..... -
- Not sure from my answer

-9female with red rash under breast, after wash this rash with moist what give:

- a- topical antibiotic
- b- antifungal powder << my answer
- c- solution
- d-steroid

-10Patient with family history of allergy has scaling skin and itching in face and anticubital fossa, the diagnosis ?

- a- seborrheic dermatitis
- b- Contact dermatitis
- c- Atopic eczema << my answer

-11the separation of chromatid occur in late phae of:

- a- anaphase
- b- metaphase << my answer and I don't know
- c- telophase

-12pt on chronic use of steroid, What is the side effect of steroid on the eye?

- a- Glaucoma.
- b- Cataract << my answer
- c- Keratoconus
- d-ptosis

-13child with asthma use betamethazone, most common

- side effect of betamethazone is
- a-increase intraocular pressure
 - b-epilepsy

c-growth retardation << my answer

-14child with anuresis, what to do

a-CBC

b-kidney function test

c-urine culture << my answer and I don't know if correct or not

d- renal biopsy

e.... -

-15man with Mass in the upper back .. with punctum and releasing white frothy material what to do?

a- It's likely to be infected and Antibiotic must be given before anything

b- Steroid will decrease its size

c- It can be treated with cryotherapy

d- remove it as one part to prevent spread of infection << my answer

e- give AB then remove

Don't know what is the right answer!

-16Patient with sensinueral hearing loss and vertigo then develop numbness ,MRI showed mass in cerrbellopontine angle what is the DX:

a-Acoustic neuroma << my answer

b- Meningioblastoma

-17lady drive a car and can't see the traffic light which one test the distance

a- snelln chart << my answer

b- tonometer

c-reticulometer

-18child present with fever and stridor, on examination found red epiglottis, what is the DX

a-hempophilus influenza B << my answer

b- Diphtheria Pertussis

-19Regarding menopause, one of these is a major health problem:

a. Cardiovascular disease

b. Depression

C. Osteoporosis << ma answer

d. Endometrial carcinoma

e-breast cancer

-20OCP increase risk of which of the following??

a- Ovarian cancer

b- Breast cancer

c- Endometrial cancer

d- Thromboembolism << My answer

-21Female take OCPs come with skin changes on the face, what is that?

a-lupus lipura

b- melasma << my answer

c- carcinoma

-22Young femal she have vulvar irritation she goes to here doctor and advise her to stop bubble bath ! she stopped but still she have this irritation on examination It was waxy with some thing speaked الكلمة ماني متأكد من هذي الكلمة what the dx?

a-Atopic dermtisist

b- Conact dermtisiis

b- Linch sipmplex
d- Linch comlex chronicus
الله أعلم بالجواب

-23man with anterior heel pain increase by movement.....‘
.....Forgot the reminder what is the dx?

a-tendon achilitis
b-some thing fasciitis (either tendon fasciitis or plantar fasciitis)
c-anterior talotibial impingement
الله أعلم

-24male with neck stiffness, numbness and parasthesia in the little finger and ring finger and positive raised hand test of left hand , diagnosis is:

a- Thoracic outlet syndrome
b-Impingement syndrome
c-Ulnar artery thrombosis
d- Do CT scan for Cervical spine
الله أعلم

-8 -25pt female with sever hip pain , increase with walking , after busy day , awake her almost all the night , with morning stiffness , DX:

A-osteoartheritis << my answer
a- Osteoprosis
b- Rheumatoidarthritis
c- Depression

-26pt with rheumatoid arthritis treated with DMARD , which of the following might be helpful:

a-Exercise to relief contracture
b- cold compression relief contracture << my answer
c- Exercise to.....

-27case with positive Gowers' sign, which area affected

a-Dorsal column
b-Cerebellum
C ... -

I don't know the answer but no muscle in choices

-28female with neck swelling firm, large, and lobulated

Don't remember if there is thyroid function test or not BUT there is positive antibodies against thyroid peroxidase

What is the dx

a- Hashimoto's thyroiditis << my answer
a-graves

-29what true about management of epistaxis:

a-compress carotid artery
b- compress flesh part of nose together
c-place nasal tampon << my answer
d-put the pt on side position
e-do nothing

-30what the effect of niacin if taken:

a.decrease uric acid.
b.hypoglycemia
c.increase LDL
d.increase HDL

e.increase triglyceride
I don't know the answer.

-31 Young female always eat fast food , you advice supplement of:

a-zinc +vit. C

b-vit. C+ folic

c-folic+ zinc

d-vit.C+ CA

e-zinc and magnesium

ماني متأكد من الخيارات المكتوبة فوق لكن نفس المكونات
دورو على الجواب انا ما عرفته

-32 child obese BMI=30, height and weight %90< percentile, whats to do:

a-refer for surgery

b-start medication

c-discuss with family <<my answer

d- do nothing

-33 definition of case control study سهل :

Divide to groups and compare results

-34 Using the following classification:

الجدول تلفقه في ملف

4th.pdf in page 889

Relative risk of those with the risk factor to those without
risk factor is:

a- $A/A+B / c/c+d$ << my answer

b- $C/C+D$

c- AD/BC

d- A/B

-35 in random study, what indicate high quality

ما اذكر الخيارات وانا اخترت اول وحدة ما ادري صح ولا غلط

-36 computer programmer presented with wrist pain and +ve tinnel test. The splint should be
applies in which position:

a. dorsiflexion position << my answer

b. palmarflexion position

c. extension position

-37 Pt came with deep injury on the wrist site, the median nerve that has high risk to be injured
will manifest as?

a- Can not oppose thumb to the other finger << my answer

b- Claw hand

c- Drop hand

-38 Lactating mother of 10 month child, given phenobarbital for epilepsy recently, what to do:

a- Stop lactating << .my answer

b- Lactation after 8 hours of medication .

c- weaning of child after 3 (weeks or months(!!

d- Continue as long as mother and child wish

65 -39y/o pt. presented with hepatosplenomegaly and lymphadenopathy...bone marrow bx
confirm dx of CLL,, the pt gave hx of breast cancer 5 yrs ago and was treated with
radiotherapy since then “ the pt is also smoker
what is greatest risk for developing CLL?!

a. hx of radiation

- b. smoking
- c. previous cancer
- d. age << my answer

-40 what indicate fetal distress

- a- Early deceleration
- b- Late deceleration << my answer
- c.... -

9 -41 year old boy came to PHC with URTI and swab was taken and sent home, after 5 days the result was Group A MENINGOCOCCUS and then you called the family and they told you the boy is fine and no symptoms what's your next step:

- A- Give Ceftriaxone IM one dose
- B- Penicillin for 7 days
- C- Penicillin for 10 Days
- D- Do Nothing
- E- oral rifampicin << my answer

-42 Which of the following is not a live vaccine:

- a- BCG
- b- Hepatitis B << my answer
- c- OPV
- d- MMR

-43 most important risk factor for osteoporosis is:

- a- age << My answer
- b- weight
- c- smoking
- d- alcohol

-44 what is true about headache

- a- headache of increased ICP occurs severely at end of day
 - b- normal CT may exclude subarachnoid hemorrhage .
 - c- amaurosis fugax never comes with temporal arteritis.
 - d- neurological exam signs may exclude migraine
 - e- cluster headache occurs more in men than women
- I Don't know the answer

-45 child presents with dark color urine , edema what is the next step to DX.

- a- renal function test
- b- urine sediments microscope << my answer
- c- US
- d- renal biopsy

-46 Patient with Hx of severe hypertension, normal creatinine, 4g protein 24 hrs. right kidney 16cm & left kidney 7cm with... arteriogram shows left renal artery stenosis. Next investigation:

- a. arteriogram
- b. biopsy
- C. CT angiogram << my answer
- d. Bilateral renal vein determination

-47 long Case of old man depressed after died of spouse for 6 weeks because of MI , he feels guilty what is the dx

- a- bereavement << my answer
- b- adjustment with depression.

c-Depression
d-dysthymia

-48pregnant never did check up before , her baby born with hepatosplenomegaly and jaundice
:

a- congenital Rubella
b-congenital CMV << my answer
c-HSV
Toxoplasmosis

-49Patient with retrosternal chest pain, barium swallow show
corkscrew appearance:

a. Achalasia
b. Esophagitis
c. GERD
d. Diffuse esophageal spasm << my answer

-50female with haital hernia (or GERD I forgot) which true:

a-it become more severe in pregnancy << my answer
b- symotmes increased with lying down
c- Skin pigmentation

-51Old patient male, presented with acute hematuria, passing red clots and RT testicular pain
and flank pain:

a) Testicular Ca
b) renal cell carcinoma << my answer
c) Cystitis
d) Prostatitis.

-52pt with HTN presented with edema, azotemia,GFR: 44 ‘what is the cause of her Kidney
diseae:

a) bilateral renal artery stenosis
b) diabetic nephropathy
c) Reflux
d) Renal tubular acidosis
Tell me please what is the answer

-53pt with idiopathic hypertrophic subaortic stenosis !!!!! will go to dental operation, what is
true

a-risk for endocarditic 50%
b-risk for endocarditic 25% or 15%
c-no need for prophylaxis
d- give antibiotic after procedure
Tell me please what is the answer

-54most important test for early pregnancy

a-urine pregnancy test
b-US << my answer
c-Xray
d- MRI
Not sure from my answer

-55definition of osteomalacia:

a-Failure of mineralization
b-reduced bone mineralization density
c..... -
I don't sure from b

-56treatment of generalized anxiety disorder:

اسماء ادوية غريبة اقراؤ عنها

-57case scenario of major depression disoreder

-58psychosis:

أسماء ادوية غريبة برضووه اقراؤ عنها

-59case of kwashiorkor:

a-high protein and low carbohydrate

b-high protein and high carbohydrate

c- low protein and high carb << my answer

d-low preotein and low carb

-60site of lumbar puncture:

a-Between t12 and L1

b-L1 AND L2

c-L2 AND L3

d-L3 AND L4

e-L4 AND L5

I confused between d & e

-61case scenario Pt with hx of previous fever I forgot the reamainig scenario but there was a result of csf:

Was turbid, +ve cell, increase protein, increase lymphocyte and polymorph

Dx:

a-TB meningitis (or something realted to TB(

b-Viral encephalitis

c....-

CSFيمكن مو واضح السؤال لكن اقراؤ عن

-62case scenario ... ptn in labor, baby in late deceleration, what u will do in this case:

a. change position & give O2 << .my answer

b. give Mg sulfate.

c. give oxytocin

-63Infant born with hemangioma on the right eyelid what is appropriate time tooperate to prevent amylopia:

a. 1 day

b. 1 week <<< my answer

c. 3 months

d. 9 months

-64Pt. has DM and renal impairment, there is diagram for albumin(i don't understand it) when he had diabetic nephropathy will developed:

a. 5y

b. 10y

c.20y

d.25y

tell me what is the answer

-65A man who bought a cat and now developed watery discharge from his eyes he is having:

a) Allergic conjunctivitis << my answer

b) Atopic dermatitis

c) cat scratch disease

-66female with hx of discharge, on examination of cervix there was strawberry spot , what is the dx:
Trichomonus vaginalis

-67All are primary prevention of anemia exept:
A-iron and folic acid in pregnancy and postnatal
B-iron food in children
C-limitation of cow milk before 12 months of age
D- genetic test for hereditary anemia << my answer

-68Old female may be 68 years with itching of vulva , by examination there is pale and thin vagina ,
no or little discharge . what is management
a-Estrogen cream << my answer
b- steroid
c- don't remember

-69patient presented with tender red swelling in the axilla with
history of repeated black head and large pore skin in same area: ttt is
a. Immediate surgery
b. Topical antibiotic
c. Cold compressor
d. Oral antibiotic and allow penetration << my answer
Tell me the answer

-70what is the most common cause of death in patients with Ludwig's angina?
a-sepsis
b- asphyxiation << my answer
c-rupture of the wall

2 -71years child is found to have dental
decay in teeth (don't remember the sites or incisors) and the parent said he sleep with milk bottle in
his mouth. This is most suggestive of:
A. Excessive fluoride ingestion.
B. Milk-bottle caries << .my answer
C. Tetracycline exposure.
D. Insufficient fluoride intake.

-72pt with heart disease (CVD I think), his diet consist of 4 vegetables and 4 fruit 3 meat 8 breads
and 4diary .
What is the best advice for him:
a-Increase fruit and vegetable
b- decrease meat and diary
c- decrease meat and bread << my answer
d- I forgot

-73what is the fluid recommended for child 9 months old with 10kg:
a-900
b-1000 << my answer
c-1200

-74Diagnosing peritoneal lavage (DPL (positive when:
a-RBC 1000
b-WBC 50
c-2ml at aspiration
d-blood in chest tube
e-2ml in pregnancy

703) Picture of large neck mass only no other manifestations or organomegaly or lymphadenopathy, diagnosis is:

- a) Mononucleosis
- b) I would say Goiter
- c) ?
- d) Lymphoma

The correct answer is b

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704) Patient with nausea, vomiting, and diarrhea developed postural hypotension. Fluid deficit is:

- a) Intracellular
- b) Extracellular
- c) Interstitial

The correct answer is b

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705) Cardiac syncope:

- a) Gradual onset
- b) Fast recovery
- c) Neurological sequence after
- d) ?

The correct answer is b

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706) Best way to decrease pain in elderly with bilateral knee pain and crepitation is:

- a) NSAID
- b) Decrease weight
- c) Exercise
- d) ?

The correct answer is b , (I'm not sure)

707) Young female with whitish grey vaginal discharge KOH test ?? smell fish like diagnosis is:

- a) Gonorrhea
- b) Bacterial Vaginosis
- c) Trichomonous Vaginalis
- d) ?

The correct answer is b

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708) Old lady with osteoporosis asked for treatment for prevention:

- a) VIT. D
- b) VIT. E
- c) Retonic Acid
- d) ?

The correct answer is a

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709) Young male with morning stiffness at back relieved with activity and uveitis:

- a) Ankylosing Spondylitis
- b) ?

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710) Best way to prevent infection in medical practice in pediatric

- a) Wear gloves
- b) Wash hand
- c) Wear mask
- d) Wear gown

The correct answer is b

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711) High risk for developing colon cancer in young male is:

- a) Smoking, high alcohol intake, low fat diet
- b) Smoking, low alcohol intake, high fat diet
- c) Red meat diet, garden's disease (Gardner syndrome)
- d) Inactivity, smoking

The correct answer is c

712) Alternative therapy for severe depression and resistance to anti-depressant medications are:

- a) SSRI
- b) TCA
- c) ECT

The correct answer is c

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713) Patient had history of pancreatic cancer on chemotherapy then improved completely, came to doctor concerning about recurrence of cancer and a history of many hospital visits. This patient has:

- a) Malingering
- b) Hypochondriasis
- c) Factitious
- d) Conversion

The correct answer is b

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714) Patient came with neck swelling, moves when patient protrude his tongue. Diagnosis is:

- a) Goiter
- b) Thyroglossus Cyst
- c) Cystic Hygroma
- d) ?

The correct answer is b

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715) Pregnant patient came with neck swelling and multiple nodular non-tender goiter the next evaluation is:

- a) Thyroid biopsy
- b) Give anti-thyroid medication

- c) Radiation Iodine
- d) TSH & Free T4, or just follow up

The correct answer is d

716) Young patient with HTN came complaining of high blood pressure and red, tender, swollen big left toe, tender swollen foot and tender whole left leg. Diagnosis is:

- a) Cellulitis
- b) Vasculitis
- c) Gout Arthritis
- d) ??

The correct answer is a , because tender and swollen whole left leg.

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717) What is the injection that is routinely given to newborn to inhibit hemorrhage:

- a) Vit. K
- b) Vit. C
- c) Vit. D
- d) Vit. E

The correct answer is a

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718) Patient with strong genetic factor for colon cancer, what is the medication that could decrease the risk of colon cancer:

- a) Folic Acid.
- b) Vit. C
- c) Vit. K or A
- d) Vit. E

The correct answer is a (folic acid and vit. C both are prevent colon cancer , but folate reduce risk in people who genetic predisposing)

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719) Patient with asthma, well controlled by albuterol, came complaining of asthma symptoms not respond to albuterol, what medication could be added:

- a) Corticosteroid inhaler
- b) Long acting B-agonist
- c) Oral corticosteroid
- d) Theophylline

The correct answer is a

720) Henoch-Schölen purpura affect:

- a) Capillary
- b) Capillary and venule
- c) Arteriole, capillary and venule
- d) Artery to vein

The correct answer is c

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721) Contraceptive pill that contain estrogen increase risk of:

- a) Breast Ca
- b) Ovary Ca
- c) Cervical Ca
- d) ?

The correct answer is a

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722) Patient came with upper respiratory tract infection with red conjunctiva, the cause is:

- a) Viral infection
- b) Bacterial infection
- c) Fungal infection
- d) ?

The correct answer is a

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723) Healthy patient with family history of DM type 2, the most factor that increase chance of DM are:

- a) HTN and Obesity
- b) Smoking and Obesity
- c) Pregnancy and HTN
- d) Pregnancy and Smoking

The correct answer is a

724) Patient complaining of back pain and hypersensitive skin of the back, on examination, patient had rashes in the back, tender, red base distributed as blunt shape on the back, diagnosis is:

- a) Herpes Zoster
- b) CMV
- c) ?
- d) ?

The correct answer is a (q not complete)

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725) Old patient complaining of hematuria, on investigation, patient has bladder calculi, most common causative organism is:

- a) Schistosoma
- b) CMV
- c) ? virus
- d) ? virus

The correct answer is a

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726) Blood culture show gram negative rod shape that grow only on charcoal free fungal organism is:

- a) Staph. Aureus
- b) Chlamydia
- c) Klebsiella
- d) Mycoplasma

All above are wrong , legionella : grame negative rod growth on charcoal agar

727) Klebesilla feacalis cause the following disease:

- a) Pneumonia
- b) ?
- c) ?
- d) ?

Enterococcus faecalis Cause Gastroenteritis

728) Dermatomyositis came with the following symptoms:

- a) Proximal muscle weakness
- b) Proximal muscle tenderness
- c) ?
- d) ?

The correct answer is a

729) Bursitis of the elbow joint caused by:

- a) Elbow trauma
- b) Autoimmune disease
- c) Staph. Aureus
- d) ? rupture of bursa

The correct answer is a

730) Patient came with symptoms of anxiety including palpitation, agitation, and worry. The first best line for treatment is:

- a) SSRI
- b) TCA
- c) B-blocker
- d) MAOI

The correct answer is a , I'm not sure

May be the correct answer is b because there is agitation (also, side effect of SSRI)

731) Pregnant diagnosed with UTI. The safest antibiotic is:

- a) Ciprofloxacin
- b) Ampiciln
- c) Tetracycline
- d) ?

With these MCQs , the correct answer is b , but if present nitrofurantion is more accurate answer .
UTI in pregnancy treated by : nitrofurantion or cephalosporine (3– 7 days) in symptomatic or asymptomatic UTI . avoid fluroroquinolone (which include : ciprofloxacin, gatifloxacin, levofloxacin, norfloxacin).

732) Patient is complaining of right side pharynx tenderness on examination patient had inflamed right tonsil and redness around tonsil with normal left tonsil. The diagnosis is:

- a) Parenchymal tonsillitis
- b) Quinse parapharyngeal abscess
- c) ?
- d) ?

The correct answer is b

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733) Patient came complaining of fever, night sweating, and hemoptysis with positive PPD test. Examination was normal, CXR shows infiltrate of left apical lung but in lateral X-ray showed nothing the repeated PPD test showed normal result diagnosis is:

- a) Sarcoidosis
- b) Reactivated TB
- c) Mycoplasma infection
- d) Viral infection

The correct answer is b

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734) Femal patient came with lower abdominal pain, fever on exam patient has lower abdominal tenderness and tender cervical fornix, the most appropriate way to diagnose the problem is:

- a) Laproscopy
- b) Heterosalpingography
- c) Abdominal CT
- d) Radionuclar Study

The correct answer is a

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735) The best non-medical therapy is proven to be of benefit for osteoarthritis is:

- a) Muscle strength exercise
- b) Give NSAID
- c) Back slap
- d) ?

The correct answer is a

736) Hematological disease occurs in children, treated with heparin and fresh frozen plasma what is the disease:

- a) Hemophilia A
- b) Hemophilia B
- c) Von-wille brand disease
- d) DIC thrombosis

The correct answer is d

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737) Child with URTI is complaining of bleeding from nose, gum and bruising the diagnosis is:

- a) Hemophilia A
- b) ITT
- c) ?
- d) ?

The correct answer is b

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738) Patient came complaining of vague abdominal pain for 6 hours then shifted to right lower quadrant diagnosis is :

- a) Acute appendicitis
- b) Diverticulitis
- c) ?
- d) ?

The correct answer is a

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739) Female patient is complaining of abdominal distension, fever and nausea abdominal x-ray showed (Ladder sign) management is:

- a) Colostomy
- b) Ileus treatment
- c) Rectal de-obstruction
- d) ?

The correct answer is b (I'm not sure because Q IS NOT COMPLETE)

740) The best stimulus for breast milk secretion is :

- a) Estrogen
- b) Breast feeding
- c) ?

The correct answer is b

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741) Female patient did urine analysis shows epithelial cells in urine, it comes from:

- a) Vulva
- b) Cervix
- c) Urethra
- d) Ureter

The correct answer is c

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742) All of the following are risk factors for heart disease except:

- a) High HDL
- b) Male
- c) Obesity

The correct answer is a

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743) The most signs and symptoms of abruption of placenta is:

- a) Vaginal bleed
- b) Fetal distress
- c) Uterus pain and back pain
- d) Abnormal uterine contraction

The correct answer is a

744) Sign of severe hypokalemia is:

- a) P-wave absence
- b) Peak T-wave
- c) Wide QRS complex
- d) Seizure

The correct answer is d , (I'm not sure , may be choice e if mention , is corect)

severe hypokalemia is defined as a level less than 2.5 mEq/L.

Severe hypokalemia is not linked with any symptoms, but may cause: 1- muscle 2- myalgia or muscle pain 3- disturbed heart rhythm including ectopy (disturbance of the electrical conduction system of the heart where beats arise from the wrong part of the heart muscle) 4- serious arrhythmias (electrical faster or slower than normal) 5- greater risk of hyponatremia (an electrolyte disturbance in humans when the sodium concentration in the plasma decreases below 135 mmol/L) with confusion and seizures

ECG changes in hypokalemia : 1-T-wave flattening 2-U-wave : (additional wave after the T wave) 3-ST – segment depression

ECG changes in hyperkalemia : 1- peak T wave 2- wide QRS (in severe case) 3- PR prolong (in severe case) 4- loss of P wave

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745) Child came with his father and high BMI and look older than other children with same age, on exam child has >95th percentile of weight and tall, management is:

- a) Observe and appoint
- b) Life style change
- c) Give program to decrease the weight
- d) ?

The correct answer is a

746) Pregnant on 36th week came with 7 cm cervical width at 0 station. During birth, CTG shows late deceleration, management is:

- a) Give Oxytocin
- b) O2 and change mother position
- c) Give Mg sulfate
- d) ?

The correct answer is b

Type of deceleration etiology management

early Head compression from uterine contraction (normal) No treatment

late Uteroplacenta insufficiency and fetal hypoxia • Place patient on side

- Discontinue oxytocin.
- Correct any hypotension
- IV hydration.
- If decelerations are associated with tachysystole consider terbutaline 0.25 mg SC
- Administer O2
- If late decelerations persist for more than 30 minutes despite the above maneuvers, fetal scalp pH is indicated.
- Scalp pH > 7.25 is reassuring, pH 7.2-7.25 may be repeated in 30 minutes.
- Deliver for pH < 7.2 or minimal baseline variability with late or prolonged decelerations and inability to obtain fetal scalp pH
- variable Umbilical cord compression • Change position to where FHR pattern is most improved. Trendelenburg may be helpful.
- Discontinue oxytocin.
- Check for cord prolapse or imminent delivery by vaginal exam.

- Consider amnioinfusion
- • Administer 100% O2

747) The way to determine the accuracy of occult blood test for 11,000 old patients is by measuring:

- Sensitivity
- Specificity
- Positive predictive value
- Negative predictive value

The correct answer is a

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748) Sickle cell patient, asymptomatic with history of recurrent gall-stones and recurrent crisis the management is:

- Cholecystectomy
- Hydroxyurea

The correct answer is a

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749) Patient came with HTN, KUB shows small left kidney, arteriography shows renal artery stenosis, what is the next investigation:

- Renal biopsy
- Renal CT scan
- Renal barium
- Retrograde pyelography

The correct answer is

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750) The way to differentiate between low iron level from iron deficiency anemia and anemia of chronic disease is:

- Ferritin
- TIBC
- Serum Iron
- Serum Transferrin

The correct answer is a

751) Patient came with hallucination and illusion the medication that should be given is:

- Carbamazepin
- ? Haloperidol
- ?

Q not complete, but with this scenario and MCQs , the correct answer is b

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752) As doctor if you see patient and you face difficulty to get accurate information from him the best tactic to do it is:

- Ask direct question
- Ask open question
- Control way of discussion
- ?

The correct answer is a

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753) (long question) patient came with MDD so during communication with patient you will find :

- a) Hypomania
- b) Late morning awake
- c) Loss of eye contact
- d) ?

The correct answer is b

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754) Child patient after swimming in pool came complaining of right ear tenderness on examination patient has external auditory canal redness, tender, and discharge the management is:

- a) Antibiotics drops
- b) Systemic antibiotics
- c) Steroid drops
- d) ?

The correct answer is a

755) Child came with inflammation and infection of the ear the most complication is:

- a) Labrynthitis
- b) Meningitis
- c) Encephalitis
- d) Mastoiditis

The correct answer is d

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756) Elderly patient complaining of urination during night and describe when he feel the bladder is full and need to wake up to urinate, he suddenly urinate on the bed this is:

- a) Urgency incontinence
- b) Urge incontinence
- c) Stress incontinence
- d) Flow incontinence

The correct answer is d

types Hx of urine loss mechanism treatment

total Uncontrolled loss at all times and in all position Loss of sphincter efficiency or abnormal connection b/w urinary tract and skin(fistula) surgery

stress After increase abdominal pressure (coughing, sneezing, lifting) Urethral sphincter insufficiency due to laxity of pelvic floor musculature , common in multiparous women Kegal exerciseand pessary

surgery

urge Strong, unexpected urge to void that is unrelated to position or activity Detrusor hyperreflexia or sphincter dysfunction or neurologic disorder Anticholinergic – medication or TCA : behavior training overflow Chronic urinary retention Increase intravesical pressure that just exceed the outlet resistance , allow small amount of dribble out Placement of urethra catheter , treat underlying causes

757) Newborn came with red-lump on left shoulder, it is:

- a) Hemangioma

- b) ?
- c) ?

Q is not complete

758) Child came to ophthalmology clinic did cover test, during eye cover , his left eye move spontaneously to left, the most complication is:

- a) Strabismus
- b) Glaucoma
- c) Myobroma
- d) ?

The correct answer is a

759) Newborn came with congenital hepatomegaly, high LFT, jaundice the most organism cause this symptoms is:

- a) Congenital TB
- b) Rubella
- c) HIV
- d) CMV

The correct answer is d

760) Gross motor assessment at age of 6 months to be asked is:

- a) Sitting without support
- b) Standing
- c) Role from prone to supine position
- d) Role from supine to prone position

The correct answer is a

761) Female child came with precocious puberty the most cause is:

- a) Idiopathic
- b) Adrenal tumor
- c) Brain tumor
- d) ? ovarian tumor

The correct answer is a

762) Hemorrhoid usually occurs in:

- a) Pregnancy and portal HTN
- b) ?
- c) ?
- d) ?

Q is not complete

Most common causes of hemorrhoid : increase straining (constipation) , portal HTN , increase abdominal pressure (chronic cough , pelvic tumor) , obesity , pregnancy , smoking

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763) The immediate urgent referral of child that take

- a) 10 pills contraceptive
- b) 10 pills antibiotics?
- c) 75 mg ?

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764) Most unwanted side effect of anti-cholinergic drugs is :

- a) Constipation
- b) ?
- c) ?

more than 50% of patients taking anticholinergic have side effects : dry mouth, blurry vision, constipation and urinary retention.

765) Patient with DM II with good vision, to prevent eye disease (Retinal back ground) to develop is to avoid:

- a) HTN, Smoking
- b) Obesity, Smoking
- c) HTN, Obesity
- d) ?

The correct answer is c

The risk factors that increase diabetic retinopathy background are:

- 1- HTN
 - 2- Poor glucose control or long case D.M
 - 3- Raised level of fat (cholesterol)
 - 4- Renal disease
 - 5- Pregnancy (but not in diabetes caused by pregnancy)
-
-

766) Best medication to be given for GDM (gestational) is:

- a) Insulin
- b) Metformin
- c) ?

The correct answer is a

767) A child is complaining of severe headache which is unilateral, throbbing and aggravated by light, diagnosis is:

- a) Migraine
- b) Cluster Headache
- c) Stress Headache
- d) ?

The correct answer is a

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768) The most important factor for smoker to quit is :

- a) Patient desire
- b) Give nicotine pills
- c) Give programmed plan
- d) Change life style

The correct answer is a

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769) Patient is complaining of irritation, tachycardia, night sweating, labs done showed TSH: Normal, T4: High, diagnosis is:

- a) Grave's disease
- b) Secondary Hypothyroidism
- c) Hashimoto's thyroiditis
- d) ?

All MCQs are wrong , choice d may be correct if mention

Normal TSH and increase T4 : in thyroid tropin secretary pitutay adenoma = thyroid resistance .

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770) The most active form is:

- a) T4
- b) T3
- c) TSH
- d) TRH

The correct answer is b

771) Middle age man found to have heaviness in his groin. On physical examination there was swelling just above his testis which apparent with valsalva maneuver. What is the diagnosis:

- a) Direct inguinal hernia
- b) Indirect inguinal hernia
- c) Femoral Hernia
- d) Testicular mass
- e) Hydrocele
- f) Varicocele

The correct answer is b

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772) Gardener has recurrent conjunctivitis. He can't avoid exposure to environment. In order to decrease the symptoms in the evening, GP should advise him to:

- a) Cold compression
- b) Eye irrigation with Vinegar Solution
- c) Contact lenses
- d) Antihistamines

The correct answer is d

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773) 48 year-old male complaining of lower back pain with morning stiffness for 30 minutes only. On exam he was having spasm centrally on the lower back. What is the appropriate management :

- a) Epidural steroids injection

- b) Back brace
- c) Facet lysis
- d) Physiotherapy

The correct answer is d

774) 41 weeks pregnant lady last biophysical profile showed oligohydroamnios. She has no complaints except mild HTN. What is the appropriate management :

- a) Wait
- b) Induce labor post 42 wks
- c) Induce labor
- d) Do biophysical profile twice weekly

The correct answer is c

775) Full term wide pelvis lady, on delivery station +2, vertex, CTG showed late deceleration, the most appropriate management:

- a) C/S
- b) Suction
- c) Forceps Delivery
- d) Spontaneous Delivery

The correct answer is c (I'm not sure)

776) Recent study revealed that anti psychotic meds cause the following complication:

- a. wt gain
- b. alopecia
- c. cirrhosis

the correct answer is a

777) complication of rapid correction of hypernatremia : a.brain edema
 in hypernatremia : gradually correction to prevent cerebral edema
 in hyponatremia : gradually correction to prevent ,myelinolysis (include paraparesis \ quadriparesis , dysarthria and coma

778) prophylaxis of cholera :

Cholera is an infection of the small intestine that is caused by the bacterium *Vibrio cholerae*. The main symptoms are profuse watery diarrhea (rice-watery diarrhea) vomiting and dehydration . infection by fecal-oral rout .

treatment : 1- rehydration , 2-antibiotic : young & adult : doxycycline or tetracycline , for children : SMX-TMP , for pregnant : furazolidone .

prphylaxis : good hygiene and sanitation and oral vaccine , in epidemic public : mass single dose of vaccine and tetracycline.

778)which one of the anti TB medications cause tinnitus, imbalance..

- a. streptomycin
- b. isoniazide
- c. pyrizinamide

the correct answer is a , sterptomycine : cause 8th nerve damage

779) the following combination drug should be avoided :

- a. levodopa & digoxin

Q is not complete

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780) young male had pharyngitis, then cough, fever, most likely org

- a. staph aureus
 - b. strept pneumonia
- the correct answer is b
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781) most effective measure to prevent spread of infection among health care workers & pts in a nursery:

- a. wash hand before and after examining each pt
 - b. wear gown and gloves before entering the nursery
 - c. wear shoe cover
- the correct answer is a

782) 27 yrs old female with perianal pain for 4 days tender erythematous fluctuating

- a. Abx
 - b. local CS
 - c. Sitz bath
 - e. evac & drain
- the correct answer is e
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783) female pt developed extreme fear from zoo, park, sporting events, the fear prevented her from going out:

- a. agoraphobia
 - b. social phobia
 - c. schizophrenia
- the correct answer is a, (agoraphobia : fear going out from the home)
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784) child starts to smile:

- a. at birth
 - b. 2 month
 - c. 1 month
- The correct answer is b
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785) child recognize 4 colors, 5 words, hops on one foot, consistent with which age:

- a. 12 mons
 - b. 24 mons
 - c. 36 mons
 - d. 18 mons
- the correct answer is c

786) pt with hx of 5 yrs HTN on thiazide, came to ER midnight screaming holding his Lt foot, o/e pt afebrile, Lt foot tender erythema, swollen big toe most tender and painful, no other joint involvement

- a. cellulitis
 - b. gouty arthritis
 - c. septic arthritis
- the correct answer is b
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787)23 yrs old married for 3 mons, c/o not getting pregnant, they have intercourse 3-4 times/week, normal gynecologic hx, husband 25 yrs old healthy wt would you advice:

- a. cont. trying
- b. obtain sperm analysis
- c. study of tubes patency

the correct answer is a

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788)pt with AF what is the most common complication:

- a. cerebrovascular events
- b. v.tach
- c. AMI
- d. v.fib

the correct answer is a

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789)case scenario : oral+genital ulcer +arthritis

- a. behcet disease
- b. syphilis
- c.herpes simplex

the correct answer is a

790) 20 yrs old lady, pregnant, exposed to rubella virus since 3 days , never was vaccinated against rubella mumps or measles , what's the best thing to do:

- a. give IG
- b. vaccine
- c. do nothing
- d. terminate the pregnancy

the correct answer is c , only supportive . (100 % correct)

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790)which of the following not compatible with head engagement:

- a. vertex at zero station
- b. crowning of the head
- c. 3/5 head felt in the abdomen
- d. BPD at ischial spines

the correct answer is c , When the fetal head is engaged, 2/5 or less of the head is palpable above the pelvic

791)58 yrs old female, known case of osteopenia, she's asking you abt the best way to prevent compression vertebral fracture, what would you advice her:

- a. avoid obesity
- b. vit.D daily
- c. wt bearing exercise

the correct answer is c , confuse with choice b

mild osteopenia (T score -1 to -2): life style modification (stop smoking) , daily calcium intake (1500 mg daily) , exercise , and reassessed after 3 – 5 years .

severe osteopenia (T score -2 to – 2.5) and osteoporosis (T score > 2.5) : same mild plus pharmacological .

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792) Mother complains of sharp pain on radial styloid when carrying her baby. The pain increase with extension of the thumb against resistance, Finkelstein test was positive, Dx :

- a. Osteoarthritis of radial styloid
- b. De Quervain Tenosynovitis

the correct answer is b

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793) 1st line in Trigeminal Neuralgia management:

- a. Carbamazepine

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794) Contraindicated in acute glaucoma management:

- a. Pilocarpine
- b. Timolol
- c. B-blockers, CA inhibitors, NSAID, Mannitol
- d. ?

All of MCQs can be use in acute glaucoma . may be choice d is correct if mention.

795) True about systolic hypertension:

- a. could be caused by mitral Regurg
- b. More serious than diastolic hypertension
- c. systolic>140 and diastolic <90
- d. ?

the correct answer is c

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796) Pregnant 38GA, presented in labor, dilated cervix, station 42, late deceleration on CTG, management:

- a. continuo spontaneous labor
- b. Forcep delevary
- c. Vacuum Delevary
- d. CS

The correct answer is a (I'm not sure)

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797) Pt, febrile, tender prostate on PR:

- a-Acute Prostatitis

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798) Proven to prevent some cancers:

- a. Ca
- b. Folic Acid
- c. Vit.D

the correct answer is c

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799) Patient with cont. Murmur:

- a. PDA
- b. Coarctation of Aorta

the correct answer is a

800) Old man, post OR, Complains of unilateral face swelling:

- a. Sjorjan syndrome
- b. Sarcoidosis

- c. Salivary gland tumor
 - d. Salivary gland stone
- the correct answer is d

801) At what level LP done:

- a. L2-L3
- b. L3-L4
- c. L5-S1

The correct answer is b

802) 2months old with scaling lesion on scalp and forehead, Dx:

- a. Seborrheic Dermatitis
- b. Erythema multiforme

the correct answer is a

803) Pt have high Blood Pressure on multiple visits, so he was diagnosed with hypertension, what is the Pathophysiology:

- a. increased peripheral resistance
- b. increased salt and water retention

the correct answer is a

804) 13years old with hx of pneumonia and managed with abx 2 weeks back, now he came with diarrhea, abdominal pain, and +ve WBC in stool, the causative organism is:

- a. Clostridium difficile

805) Best Manag. Of Clost.Dificile is:

- a. Metronidazole
- b. Doxacycline

the correct answer is a

806) Prophylaxis of arrhythmia post MI :

- a. Quinidine
- b. Quinine
- c. Lidocaine
- d. Procainamide

the correct answer is c , if b-blocker is present choose it

807) Chronic Diarrhea is a feature of:

- a. HyperNatremia
- b. HyperCalcemia
- c. HypoMagnesemia
- d. Metabolic Alkalosis

The correct answer is d

808) Pt with have Polyuria and thirst, he had Hx of bipolar on lithium, Dx:

